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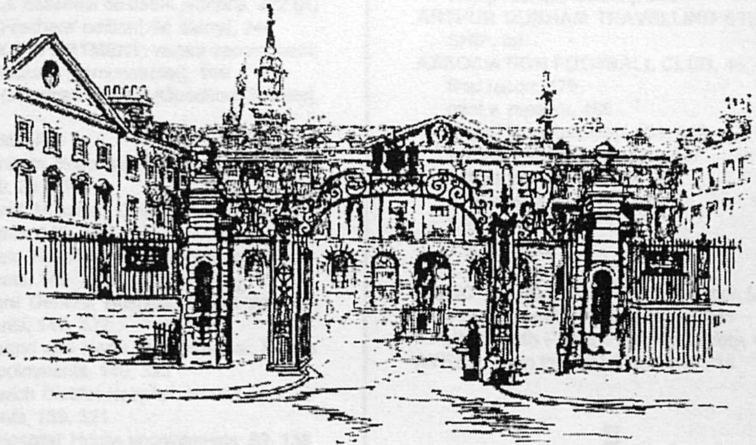

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Passim

A Grant To Be Wished?

Before Christmas it was announced that the student maintenance grant for 1982-1983 would be increased by some 4% over the previous year, taking the clinical student grant to £2,765, per year. Over the last four years the student grant has consistently failed to keep up with inflation, and has depreciated in value over that period by something over 30%.

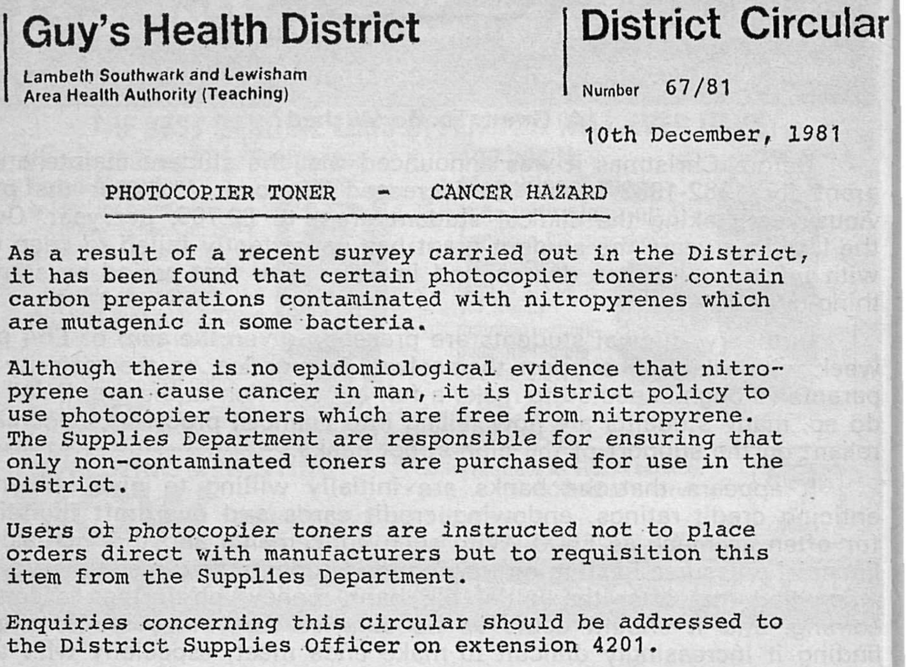
In theory, clinical students are presently given the sum of £54 per week with which to support themselves; in practice, as the majority of parents (though expected to make a full contribution to the grant) fail to do so, many students are now falling into financial problems, becoming reliant on the support of the high-street banks.

It appears that the banks are initially willing to give students enticing credit ratings, endowing credit cards and overdraft facilities for often as much as £500. With such enticements and the increasing financial pressures bearing on long course students, few resist; however, many find that after the initial big bank money, no further is forthcoming, and it should come as no surprise that many students are finding it increasingly difficult to make ends meet, especially with the now common extra burden of bank interest charges of 20% on overdrafts and over 30% on credit-cards. Without question, prospective students for our own long vocational courses are being dissuaded by the economic challenge; it is now apparent that if the current trend continues, medical and dental students will be drawn from an unacceptable pool of financially privileged parents able to supplement the grant, which can only be to the detriment of the profession in the consequent reduction in breadth of economic background, as well as being downright unfair to the less fortunate. Perhaps it is now time to organise longer term arrangements with the banks to help finance students through the difficult years of training. The present limited facilities offered are frequently inadequate; extended loans at preferential interest rates would go far towards alleviating the current trend towards pecuniary, with all its consequent fears and vices.

District Circulars

To those outside of the Hospital and unaware of the nature of the "District Circular", they may formally be described as large numbers of A4 sized sheets of paper littered all over the Hospital, bearing the title "Guy's Health District", which possess a peculiar propensity for diving into the nearest wastepaper basket shortly after emerging from their envelopes. Usually the projectile properties of this strange life form is due to the spurious, mocking self importance of the information so distributed.

For instance, consider the following circular:



Guy's Health District

Lambeth Southwark and Lewisham
Area Health Authority (Teaching)

District Circular

Number 67/81

10th December, 1981

PHOTOCOPIER TONER - CANCER HAZARD

As a result of a recent survey carried out in the District, it has been found that certain photocopier toners contain carbon preparations contaminated with nitropyrenes which are mutagenic in some bacteria.

Although there is no epidomiological evidence that nitropyrene can cause cancer in man, it is District policy to use photocopier toners which are free from nitropyrene. The Supplies Department are responsible for ensuring that only non-contaminated toners are purchased for use in the District.

Users of photocopier toners are instructed not to place orders direct with manufacturers but to requisition this item from the Supplies Department.

Enquiries concerning this circular should be addressed to the District Supplies Officer on extension 4201.

Indeed the issue has a certain importance however, after first alerting one to this additional hazard to 20th century life and having made photocopying seem a dangerous business, it then states that there is no evidence it is harmful to man (unless one is a bacterium); however, in order to ensure that no one is placed potentially at risk, the toner will not be available.

I suppose one should stand up and applaud our caring Supplies Department for being so very considerate as first to alarm, then lecture and finally reassure one. However, it can only be considered to be, in a word, piffle. Also consider a recent communiqué on smoking in committee meetings. The circular in question announced that after consultation with staff, the practice must be forbidden. Surely this is a matter of individual discretion and common consent? No doubt Sector Admin. are organising a new crash call cigarette smoke extinguishment Bleep system (following the requisite three months proving and training period, to begin at 12 noon on Monday, 11th January, 1982) the said crash team to be called to any committee meetings in which people smoke. . . .

The most recent District Circular is 11/82, Guy's Hospital: Thames Flood Contingency Plan. Again, the issue has a certain importance, and the document is mostly sensible, however the Thames Barrier is due to be completed about the end of 1982, and in the sixty years or so since the last flood, Guy's has had no such plan. Again, the District Circular nags on an important issue, but isn't it rather too late now to worry about the potential hazard? Of course the answer is no, we are, the circular informs us, *at risk* between approximately August and April, and consequently *just in case*, we all must know what to do in the event: letters are to be included to all staff in the January pay packet. . . . One amusing aspect of D.C.4/82 is in Appendix II:

Sewage

Because of the flooding of drains normal arrangements will not be available and no solution except disposal through windows is apparent.

Ventilation

The ventilation plant will cease to operate and it may become necessary to break windows in the Tower.

The effect of being struck by 500gms of hard "matter" from one of the upper floors of the Tower will no doubt prove to seriously hamper would be rescuers; one would guess it would have the same destructive potential as a well chosen, well disposed halfbrick (not to mention the possible health risk).

The District Circular is the information equivalent of a cosh— attention demanding, distracting and non-selective; but at the same time it possesses a strange sense of importance. It must surely be a sad reflection on the administrators that generate this wasteful, non-productive rubbish, and consequently it remains only to express sympathy.

News in Brief

Dr. J. C. Houston, C.B.E., M.D., F.R.C.P.

Guy's men and women all over the world will be delighted to hear that the Dean of the Medical and Dental Schools, Dr. J. C. Houston, has been honoured with the insignia of Commander of the Most Excellent Order of the British Empire.

We extend our warmest congratulations to Dr. Houston on this auspicious accolade.

This photograph was taken on October 7th, 1981, on the occasion of the opening of the Greenhalgh Room at Honor Oak Park. The Dean, Dr. J. C. Houston (right), is flanked by Mrs. Marion Knight, Roger Matthews, President of the Clubs' Union and Mr. Donald Bompas, Secretary to the Medical School.

Colonel D. C. Wilkins, R.A.M.C.

We should also like to extend our congratulations to Colonel D. C. Wilkins on his recent award of the C.B.E.

Gazette Editorial Changes

As from January 1st, 1982, Mark Cronshaw has been promoted from Assistant Editor to Editor, sharing the editorial hot seat with Mark Powlson.

Timothy Houlding now becomes Assistant Editor.

Mr. Bill Owen, M.S., F.R.C.S.

We should like to congratulate Mr. Bill Owen on his appointment as Consultant Surgeon and Senior Lecturer in Surgery at Guy's. Bill Owen graduated from Guy's in 1969, having already gained a B.Sc. (Hons.) in Anatomy. He proceeded to F.R.C.S. in 1974 and was awarded the Hallett Prize by the Royal College of Surgeons. He gained his Mastership in August, 1980.

This Month's Cover

This month's cover was drawn by Bob Dubbins, originally for use as the poster for the Dental Revue.

Guy's South Wales Society

The annual dinner and re-union of the Guy's South Wales Society will be held on Saturday, 20th March at 7.15 for 8.00 p.m. at the Park Hotel, Cardiff. The cost of the dinner is £9.50 per head and dress will be informal.

Reservations should be made before March 7th to the Hon. Secretary, Mr. Chris Lewis, "Glenhaven", Cardiff Road, Tass Well, Mid Glamorgan, South Wales.

Dental Clinical Day

The Annual Dental Clinical Meeting will be held on Saturday, 6th March, 1982 and will follow the familiar pattern with the usual two sessions from 10 a.m. to 12 noon and from 2 p.m. to 4 p.m. A special feature of this year's programme will be the first W. E. Herbert Memorial Lecture, which will be given by Professor A. H. R. Rowe at 11.30 a.m. in the Tower Lecture Theatre. Mrs. Herbert very kindly donated a sum of money to initiate this special memorial lecture and a subscription fund has been opened so that, in future years, speakers from outside Guy's can be invited. However, as the late Professor Herbert was the instigator of our Annual Clinical Meeting, it is wholly appropriate that his successor should deliver the first of these lectures.

During the two sessions, floors 22, 23, 25 and 26 will be used for clinical demonstrations. Of particular interest will be the prestige surgeries on floors 25 and 26, which have been generously installed by prominent dental equipment houses. Members of the dental trade will be putting on an exhibition of their professional services in both the Robens Suite and elsewhere in the School. The bar will be open in the Robens Suite as usual.

As the special tea was such a success last time, it will be repeated this year by courtesy of Colgate-Palmolive Ltd. This tea will be served in Boland House, and if last year is anything to go by it will provide an excellent opportunity for meeting old friends.

Dental Society Dinner and Ball

The Annual Dinner and Ball of Guy's Hospital Dental Society will be held on the evening of Saturday, 6th March, 1982 in the Empire Napoleon Suite of the Café Royal in Regent Street, W.1, 7.30 p.m. for 8.00 p.m. Tickets are available at £18.75 per person from Miss Fiona MacEwan, Dinner and Ball Secretary, Floor 24, Guy's Tower.

Dental Alumni Dinner

There has been strong pressure to renew the Annual Dental Dinner as a separate event from that which takes place in conjunction with the Ball on Clinical Day. Thus, on Wednesday, 12th May, 1982, all Guy's dental alumni and their medically or dentally qualified guests are invited to be present in Boland House for the re-birth of this occasion. Tickets are available from Mr. A. D. Robinson, Vice-President of the Dental Society, floor 25, Guy's Tower.

Guy's Hospital Rugby Supporters' Club

The Annual Reunion Dinner Dance will be held in Boland House, Guy's Hospital at 8 o'clock on the 6th March, 1982. This will coincide with the England v. Wales International at Twickenham. Tickets can be obtained from Dr. T. Gibson, Rheumatology Department, Guy's Hospital. Telephone: 01–407 7600, Ext. 2424.

On the following day, the Annual Past v. Present game will take place at Honor Oak Park. The Past side is being organised by Dr. A. Cook who can be contacted at:

65 Coleraine Road,
Blackheath,
London, S.E.3.
Telephone: 01–858 2074.

Past v. Present—Hockey

This annual fixture will take place at H.O.P. on Sunday, March 7th. Would anyone wishing to play for the Past please contact either Mike Appleby—telephone: Chesham 786407—or Mark Harris telephone: Orpington 23636 (work) or 01–699 4711 (home).

Friends of Guy's Christmas Stall

The friends of Guy's Christmas Stall was held in the Colonnade in December and raised approximately £1,000 for the benefit of patients and staff at Guy's.

The Friends are most grateful to everyone concerned, especially those who manned the stall; those who gave gifts for sale, and to the Works Department who provided the shelter from the weather. Their next project will be the Summer Fête, to be held in the Park at Guy's on Wednesday, 9th June, 1982.

There will be a Super Raffle to be drawn at the Fête. Tickets will be available from March onwards. Among the prizes will be a Grandmother Clock and a luxury holiday for two in Torquay.

Elizabeth Davies

Congratulations to student nurse Elizabeth Davies on being awarded the Duke of Edinburgh's Gold Award, which she collected on December 1st from Prince Philip.

Manor School Donation

Pupils of the Manor School, Eastcombe have raised £2,000, half of which is to be donated to the Children's renal ward at Guy's where Mark Gardiner, an eight-year-old pupil of the school, is being treated.

Malarial Horizon

A programme on malaria control, to be shown on the Horizon programme on B.B.C. 2, probably on Monday, 15th February at 9.30 p.m. or later, is expected to include some film made in the Department of Chemical Pathology and an interview with Professor Sydney Cohen.

Medical School Department of Biochemistry Seminars

The following seminars will be held at 1.15 p.m. in the Departmental Library. Participants are invited to bring their own refreshments if they wish.

Wednesday, *January 20th*	Dr. Robin Stott, *Consultant Physician,* Lewisham Hospital	Medical Effects of Nuclear War (*Hitch-hiker's Guide to* Reagan-ism)
Wednesday, *February 3rd*	Dr. Carol Lovelidge	Isolation of Central Nervous System *Myelin—the Price of* Purity
Wednesday, *February 17th*	Mr. K. Basheeruddin	Regulation of Cholesterol *Esterification*
Thursday, February 25th, to be held at St. Thomas' Hospital Medical School, at 3.45 p.m.	Dr. N. Carter, St. George's Hospital Medical School	Function and Pathology of a New Unique Human Muscle Carbonic Anhydrase
Wednesday, March 17th	Dr. Peter Amlot, Department of Medicine, Guy's Hospital Medical School	Purification and Analysis of Immune Complexes from Whole Serum or Plasma

London Medical Group Annual Conference

The 19th Annual Conference of the L.M.G. entitled "Appropriate Medicine" will be held at Charing Cross Hospital Medical School on Friday and Saturday the 12th and 13th February. The Conference aims to discuss socio-political, moral, and professional attitudes to health care and speakers include Professor Sir Douglas Black, P.R.C.P., Denis Burkitt, F.R.C.S., Terence English, F.R.C.S., Luke Zander, and Katharine Whitehorn. Fees are £3 for students and £15 for others. Application forms are available from Ian Leonard or Andy Williams via Boland House.

B.M.A. Careers Fair

Medical students are invited to come to a careers fair and talk about their individual career prospects to representatives of many of the medical specialties, including some of the less obvious choices. The fair, organised by the B.M.A., is to be held on Tuesday, 23rd February at B.M.A. House, Tavistock Square, London, W.C.1.

Consultants, junior doctors and general practitioners will be available to give individual students help and advice. Obstetrics and gynaecology, accident and emergency, anaesthetics, psychiatry, radiology and pathology are among the hospital specialities to be represented. In addition, information on community medicine, medicine in the armed forces and occupational health will be readily available. There will also be a stand at which advice can be given on the specific problems faced by women in medicine.

Students attending will also have access to information on the role of the Medical Protection Society and advice on insurance. Short talks on the current medical manpower situation will be given in the morning and the afternoon.

The fair will run from 11.00 a.m. until 4.00 p.m. and is open to all medical students.

Guy's and St. Thomas' Historical Prize 1982

This may take the form of an essay and/or exhibit on the following subject:

The History of Primary Care in South London.

The prize consists of a sum of money (£60) and three years' honorary membership of the Worshipful Society of Apothecaries of London (Faculty of the History and Philosophy of Medicine and Pharmacy). *Essays should be typed, of not more than* 5,000 words. Three copies should be submitted of which the examiners reserve the right to retain one. Publication will be encouraged. Exhibits should be suitable and available for at least six months display in the Old St. Thomas' Hospital Operating Theatre.

The closing date is 31st May, 1982.

Entries should be sent to:—

The Director,
Department of Surgery,
Guy's Hospital,
St. Thomas Street,
London, S.E.1.

The competition is open to all Students and Staff of Guy's and St. Thomas' Medical Schools.

Minister Visits School for Dental Therapists

As *a result of pressure* from *dental* therapists and their supporters (including NALGO and M.P.'s of all parties), Under-Secretary of State Mr. Geoffrey Finsberg visited the School for Dental Therapists at New Cross in South London.

The School, the only one of its kind in the country, is under *threat of closure following the publication of a* report by the Dental Strategy Review Group on September 22nd, 1981.

The visit was announced by Mr. Finsberg in the House on December 22nd, 1981 in answer to a question by Dr. Roger Thomas, M.P. who wanted to know whether the Secretary of State had any plans to visit *the School before reaching a decision* on its proposed closure.

Dental Therapists and their supporters who have campaigned ceaselessly to oppose the threatened closure and the "phasing out" of this unique type of dental ancillary were pleased that Mr. Geoffrey Finsberg had visited the School. They were encouraged that a decision on the *future of the School had been postponed until* after the parliamentary recess.

In Apology

Our sincere apologies to all our dental subscribers, as due to an administrative error, letters inviting subscriptions have been sent to all Guy's registered dental surgeons rather than to those other than our existing readers. (*Blood will be shed! Eds.*)

DATES FROM THE MEDICAL DIARY

February

Fri. 5—Entries close for the Charles Forster Prize in Cardiology.
Wed. 10—Examination for the Charles Forster Prize begins.
Fri. 12—Entries close for the Treasurer's Medal and Prize and Baldwin Prize for Clinical Medicine.
Mon. 15—Entries close for the Final Conjoint Examination in March.
Wed. 17—Examination for the Treasurer's Medal and Prizes for Clinical Medicine begin.
Fri. 19—Entries close for the Gillespie Prize in Psychological Medicine.
Wed. 24—Examination for the Gillespie Prize begins.
Fri. 26—*Entry forms for the M.B. B.S. Examination in June must be left in the Medical School* Office not later than this date.
—Entries close for the Michael Harris Prize in Anatomy.
—Entries close for the Treasurer's Medal and Tewfik Prize for Surgery.

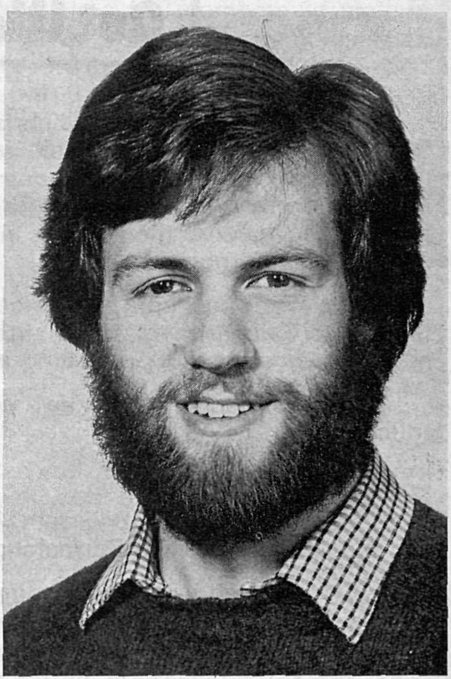
DATES FROM THE DENTAL DIARY

February

Thur. 11—Applications close for the Final L.D.S. Examination, Part II (Dental Prosthetics).
Fri. 26—Entries close for the Examination for the Newland-Pedley Medal and Prize in Operative Dentistry.

Clubs' Union News

Lawrence Maule, newly elected President of the Clubs' Union



Chris Hood, newly elected Medical Vice-President

At the time of writing, the Clubs' Union is midway through its annual elections for Union Officers, which will culminate in the A.G.M. on 23rd, February where power will change hands. So far, Lawrence Maule has been elected to succeed me as President with 339 votes—a high ballot when considering train strikes and the like. Chris Hood obtained 208 votes to make him the new Vice-President (Medical). Unfortunately, the ballot for Dental Vice-President did not achieve sufficient votes and will now be re-run.

For the first time, preclinical lectures will finish half an hour early on 23rd February to ensure a higher attendance at the A.G.M.—a quorum always being difficult to find at lunchtimes.

This year's Charities Week will run from 3rd–13th of February, and promises to be an even bigger success than in previous years. Much of the work has been done by C. Hood, M. Dunkin and L. Maule with many others contributing. A full programme of events will appear in the Charities Week magazine and on notices throughout the Hospital nearer the date.

Roger Matthews,
President.

Nut Week 1982

Guy's Charities Week, christened *Nut Week,* is from February 3rd–13th. This Charities Week is going to be different—we are trying to make considerably more money this year than we have done in the past. The only way we can do this is by encouraging students to take part and to involve themselves in the events organised—Lots of effort equals lots of money!

Nut Week is hoping to raise money for an operating microscope for the ENT department and a sigmoidoscope for the outpatients department—the combined cost being about £10,000.

Notices about *Nut Week* will be posted soon, but peruse the following:—

FEBRUARY

Wed. 3 Barn Dance, Ballroom, Boland House, 7.30—12.00 p.m. Caller—Mike Barraclough.

Thur. 4 Lunchtime—See your favourite lecturer in the stocks—10p per throw. Evening—Charities Week Review.

Fri. 5 Lunchtime—Auction in the Spit. Schoolkids disco including silly games. Ballroom, Boland House, 8–12 p.m.

Sat. 6 Come and help to sell *Nut* Week magazines.

Sun. 7 Join the Charities Week trip to Hyde Park. Stretcher race in Hyde Park.
Mixed Rugby at HOP.

Mon. 8 Lunchtime Stall in Colonnade—real ale night, Bar 5 p.m. onwards.

Tues. 9 Live band night, Ballroom, 8 p.m.–12 p.m.

Wed. 10 Grand Collection Day—dawn till dusk collection in the City—Lunchtime dinner dress meal at McDonald's, Strand. Picnic, London Bridge and free film for helpers.

Thur. 11 A quiet evening—watch a film in the Medical School.

Fri. 12 Lunchtime Staff Round Auction— Valentines Ball 7.30 p.m. Boland House. Buffet Supper, Plasma Roadshow, Bands, Films, Late Bar in Ballroom, Cocktails served all evening.

If you have any bright money spinning ideas—don't keep them to yourself. Contact:—

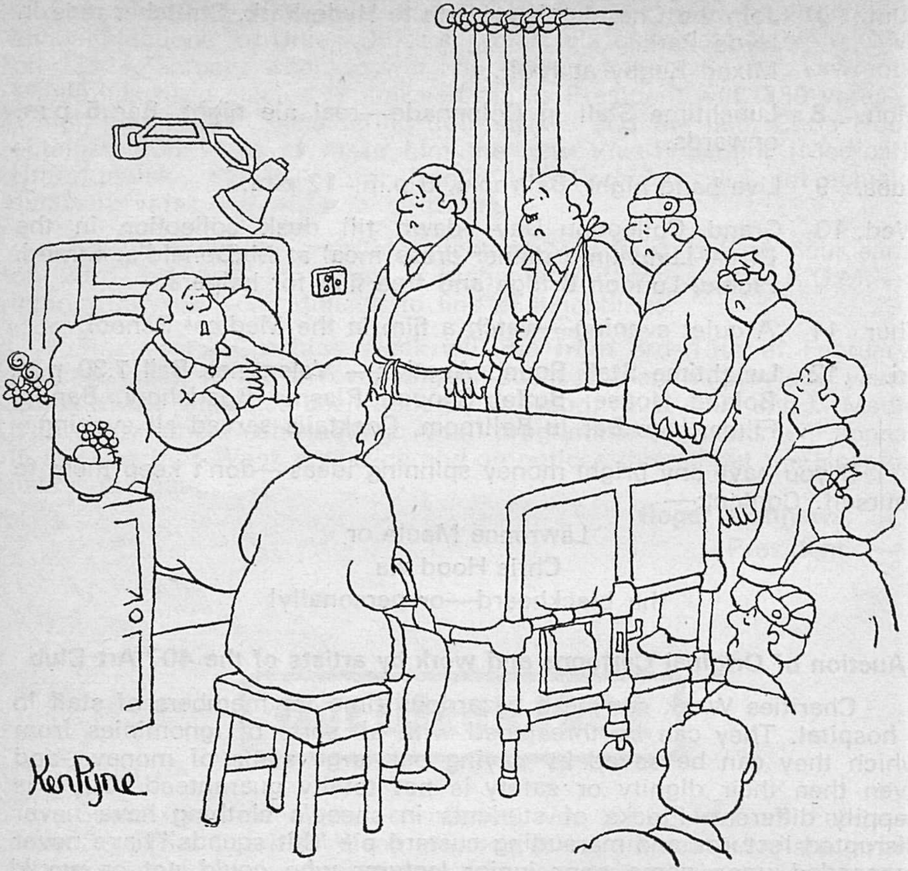
Lawrence Maule or
Chris Hood via
the blackboard—or personally!

Auction of Original Cartoons and work by artists of the 407 Art Club

Charities Week can be a hazardous time for members of staff in a hospital. They can be threatened with all sorts of ignominies from which they can be saved by paying out large sums of money—and even then their dignity or safety is not totally guaranteed. Guy's is happily different. Flocks of students in sheep's clothing have never disrupted lectures and marauding custard pie "hit squads" have never descended upon some poor junior lecturer who could not or would not pay his 'protection', so to the professionals of Guy's—that is the people with a little more money than students—we offer an alternative—an auction.

We have acquired a certain number of original cartoons by well known artists as well as some work by artists who have exhibited for the 407 Art Club, and these are to go up for auction on February 12th at 1.00 p.m. in the Anatomy Theatre. All the work to be auctioned is on view in the Curators Office, Gordon Museum. Bids can be made on paper through the Curator—but I must stress that all bids must be upheld. The auction is to be conducted by a senior auctioneer from Sotheby's, Mr. Michael Came, who will also give a short talk on his work at Sotheby's. Some of the work is worth anything from £5 to over £100.

Please do come along and support this new venture at Guy's—if you do not think you can afford to bid alone why not organise a group bid for a picture? Remember that the principal reason for this auction is to raise money for an operating microscope for the ENT department and a sigmoidoscope for the Outpatients department—the combined cost of this equipment being £10,000.



"It's the queue for my bed!"—Ken Pyne, by courtesy of "Punch."

The success of this auction depends on your support. Lack of support could mean a rethink on the economics of custard face packs and sheep, together with a fresh look at the disruptive capability of skin divers.

Lawrence Maule.
Chris Hood.
Charities Week Committee.

Dental Society

Dental Society Presidential Address

A first night is always an anxious occasion but usually a happy one. The opening meeting of the Dental Society for this year was certainly like a theatrical first night. The Secretary was anxious that as many students as possible would attend, particularly the fresher dental students to whom a specific invitation had been extended.

Professor Rowe, President of the Society, had chosen to speak on "Dentistry—Here and There". "There" seemed to be virtually every country in the world as Prof. Rowe circumnavigated the world three times in just over an hour. Such was the smoothness of the journey that not a single member of the audience complained of air-sickness!

Prof. Rowe told his audience of trips (business only!) to exotic destinations where his opinion on dental schools and their organisation was sought, or his academic expertise across the *viva* table was tapped. On one such occasion in Lagos, Prof. Rowe delighted his audience when he told them how, while suffering from acute diarrhoea, he attempted to *viva* finals students whilst contemplating how to break into the nearest lavatory, which was always kept locked with no trace of the key!

How refreshing, one thought, that it's not only the students who have stomach problems during examinations!

It was astonishing to learn also of his trip to the Middle East where the Arabs had built a hospital with all the latest equipment and staff, but such was its location (in the middle of nowhere) that there were no patients to use it.

Throughout an enthralling talk, Prof. Rowe delighted his audience with many such anecdotes, all beautifully illustrated with many excellent slides. It was all too apparent the relish with which Prof. Rowe approaches foreign travel.

Any report such as this, I fear, cannot do justice to the most entertaining of evenings. The many freshers in the audience found it a most enthralling introduction to the Dental Society and we hope that many will continue to attend.

After the meeting, the Society was fortunate to have a wine and cheese reception sponsored by the Medical Defence Union. The perfect end to a perfect day. Prof. Rowe's motto for future years must surely be "I came, I saw, I conquered—then I went home again".

Neil Oastler.

"May I Make a Suggestion", by Mr. Martin Brookes, L.D.S.

Mr. Brookes gave a fascinating talk to members of the Dental Society on October 20th in the Tower Lecture Theatre. Looking around him when introducing the subject, he commented that his pulse was significantly raised. This was hardly surprising because the turn-out was excellent; those who came late had to stand because there was no room—not even in the gangways! (Perhaps Mr. Brookes had a P.R. man working for him that evening.)

Mr. Brookes began by outlining the pitfalls of joining a dental practise; invariably the senior members handle all the private work, while the juniors deal with all the National Health patients!

Hypnosis is an emotive word; it is indeed a highly controversial subject which is, in some circles, still thought of as disreputable due to the lack of proper scientific application. It is used both by clairvoyants and entertainers, so one can understand why practitioners wishing to use it for purely medical purposes are met with more than a little scepticism initially.

The first part of Mr. Brookes lecture dealt with a brief history of hypnosis. In the 1850's, Anton Mesmer used hypnosis. He was an arch entertainer who thought that problems of the mind were linked with magnetic fields in the body. Many people of that time were highly gullible save for the physicians of the day, notably La Voisier and Guillotine, who drummed Mesmer out.

Many hypnotists were local medical men, not professor types. They used the technique for some astonishing reasons. In the mid-1800's, Indians who wore "doties" (loin-cloths), were in the habit of putting hot coals within these garments when the weather was cold. Needless to say the incidence of scrotal cancer (let alone burns) was very high. A surgeon called Esdale hypnotised his very red Indian patients for the removal of the cancers, rather than giving an anaesthetic. James Milne Brownwell, a Scottish doctor who practised in the Midlands, hypnotised several patients for a local dentist, Arthur Turner, who then extracted teeth where necessary. On one occasion a patient turned up with a letter that gave an order from Dr. Brownwell for the patient to go into a hypnotic state. Mr. Turner used this message and extracted teeth in Dr. Brownwell's absence!

Mr. Brookes was introduced to the subject of hypnosis by just such a lecture as the one he gave. Hypnosis is not a substitute for anaesthetics or relaxants, but rather it's an added weapon. He gave an excellent definition of the word—"Hypnosis is a particular state of consciousness induced by one person on another. Suggestions made in a hypnotic trance are acted upon very powerfully." A suggestion is an idea suggested to the subject for uncritical acceptance and this occurs in the subconscious mind.

Mr. Brookes began looking around the room at this point, obviously selecting his victims .He then announced that he would probably be most successful in inducing hypnosis in the middle rows of the lecture theatre audience. He discounted the front row because they were too alert and he also discounted the back row, stating that they were frightened to death at the prospect of falling 30 floors! (Indeed, young intelligent English-speaking pregnant women were usually most easily hypnotised).

The mind may be likened to an iceberg—10% is the conscious part, whereas 90% is the subconscious part. This part contains the memory of all past experiences. In fact, the mind is a filing cabinet recording details from birth to death. Since the memories contained are both good and bad, the dentist should relate to the good experiences when undertaking hypnotism. The dentist should convey what he is going to do and what he wants from the patient in the way of co-operation.

The depth of hypnotic state is dependent on the level of suppression of outside stimuli; for example, light, noise, and temperature. Ideal conditions are darkness, quiet and warmth. The power of suggestion increases as the suppression of consciousness increases and this suppression may be achieved by concentrating the subject's attention.

Teamwork between operator and patient is the answer to successful treatment; the patient must have the willpower to want treatment, but it is up to the operator to "turn-on" the patient's power to do things. The patient must be reassured that there is nothing to fear, for the operator will not ask him/her to do anything likely to be of an abnormal nature either ethically or morally, but, as Mr. Brookes pointed out, if the patient isn't averse to stripping, then the operator could be in for a good time!

Approximately 10% of the population are capable of being put into a deep trance. In order to ascertain those members of the audience who were most susceptible, Mr. Brookes performed the "hand-clasp" (vice) test. He instructed the audience to close their eyes and clasp their hands together, and while explaining how the clasped hands were like the closing of the jaws of a vice, he counted from one to five. At five, he asked everyone to try and open their hands, whereupon thirteen people could not—no matter how hard they tried. Chris Birtwhistle, who was in the projection room, had to have the door opened for him so that he could get out and have his hands unclasped!

The thirteen involved were invited to learn self-hypnosis. Once in a trance, the "test group" of thirteen were each told to imagine that their writing hand was in a bucket of iced water and that their other hand was in a bucket of warm water. Their writing hands gradually became numb. Mr. Brookes instructed them to remove their hands from the iced-water bucket when they thought it was sufficiently numb, and to transfer this numbness to the region of the upper right canine mucosa. Then Mr. Brookes and Professor Rowe proceeded to test this apparent numbness in all the subjects; when the upper right canine mucosa was jabbed with a lancet, the subjects were quite oblivious, yet when the mucosa of the opposite side was jabbed the subjects flinched even though they were in a trance.

One of the students present was regressed to childhood. He was told to remember what it was like when he was firstly eleven and then seven. He wrote his signature in each case and these were compared with his present signature—the results were startling. He was then regressed to the age of five and asked to draw a picture of a man—the result of this was not so much startling as hilarious! I later asked Mr. Brookes what he thought of regressing subjects back so far into their past experience that they not only related feelings of being in the womb, but also spoke of "other lives"—giving some form of credence to re-incarnation. He stated that he had himself regressed a number of subjects back into "other-lives", but was quick to point out that this may not be re-incarnation, it may be a hereditary ancestral memory of the life of a predecessor.

On behalf of the Dental Society, I would like to thank Mr. Brookes for a most enjoyable and informative talk. The meeting was kindly sponsored by Roche Products Ltd.

Douglas Miller.

Music Club

String Ensemble Concert

The Guy's String Ensemble made their *debut* in the re-opened chapel to a capacity audience in the nave, with latecomers taking to the balcony for a seat.

Juliet Goff, in her first public performance as conductor, started with Mozart's "Eine kleine Nacht Musik" in which her exuberant yet precise conducting led the ensemble to a superb performance, which the audience applauded after the first movement. The *andante* started a little loudly but as Juliet relaxed, the piano developed a smoother texture and she demonstrated the capabilities of both first and second violins very well.

J. S. Bach's "Air on a G string" was conducted from the violin by Helen Fidler, who played well and had the 'cellos playing the bass part well in time and force. Again it was over too quickly as perhaps the tempo was a little fast.

To round up, Juliet finished with a piece for clarinet and string orchestra, which she led from the clarinet with nods of her head. The tone and intonation of the string orchestra were almost perfect as the clarinet welled up with ascending trills and then burst into descending and ascending scales.

Chris Newson.

Christmas Concert 1981

On Monday, December 7th, 1981, the Guy's Hospital Music Club presented their Christmas Concert in Southwark Cathedral, comprising Haydn's "Imperial Mass" and Fauré's "Requiem". The Music Club provided some sixty or seventy voices and an orchestra of more than thirty instrumentalists, conducted by Andrew Malyon.

Haydn's "Imperial Mass" began with a melodious orchestral introit, complemented by some powerful singing from the chorus. The soprano and alto soloists, Margaret Taylor and Julia Field, sang with great flair and delicacy throughout, being only marginally daunted by the very difficult solo arpeggios. There were some delightful passages from the male soloists, Tolga Kashif (tenor) and David Coulsden (bass), the latter producing a superbly rich sound. The orchestra is to be congratulated on some fine playing, although, at times, a little weak on the smaller stringed instruments. The mellifluous note of the basoon, capably supported by 'cello, double bass and percussion, was inspiring.

The movement sung entirely by the chorus was a particularly impressive display of tuneful singing, the sopranos and contraltos performing with great spirit, nicely balanced by a strong contingent of basses whose resonant note echoed across the transcept.

The soprano soloist, Margaret Taylor, demonstrated impressive stamina in the more sustained bars towards the end of the piece. There were some delightful passages for the flutes, woodwind and horns during the last movement, which culminated in a powerful ending with full chorus.

The Fauré "Requiem" was an unusual choice of music for Christmas, but not an inappropriate one. Its slow and sombre beginning was memorable for the melodious accompaniment from the 'cello. Fauré's composition appeared a more difficult piece to master because of its quieter and more restrained pace. Despite this, the chorus excelled themselves with some inspired singing.

The *Sanctus* was profoundly effective with some beautiful singing from the chorus, the sopranos and contraltos in particular, with the unusual background of the single guitar and some especially fine, muted playing from the strings.

Margaret Taylor delivered a particularly refined solo aria—*Pie Jesu*—with great delicacy, and yet with inspiring resonance. David Coulsden, the bass soloist, presented two superbly melodious and fluent passages, to some tuneful choral singing to the plucked strings of the 'cellos and violas.

The last movement was distinguished for Margaret Taylor's exquisite *Jerusalem*, sung with some deliciously sustained high notes. The final bars, again to the background of the single guitar, were a consummate display of perfect melody. The chorus, orchestra and soloists are to be congratulated on two finely performed works. Andrew Malyon conducted throughout with impressive command and precision.

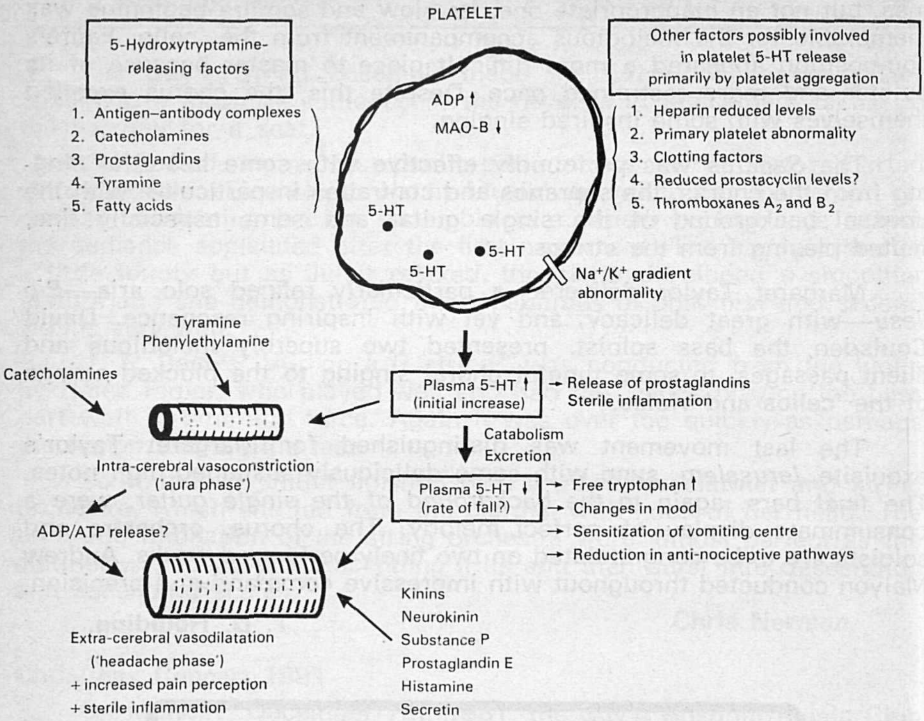
T. D. Houlding.

Pupils' Physical Society

A meeting of the Pupils' Physical Society was held on Tuesday, 20th October, 1981, in the Gordon Museum. Two talks were given:

Martin Crook spoke on "Migraine: a biochemical headache". He emphasized the wide variety of biochemical molecules which may be involved directly or indirectly in the genesis of migraine, (see diagram). He concentrated on the effects of 5HT and catecholamines on vascular tone. In the discussion, the difficulties of research in this field were highlighted. These include the inadequacies of any definition of migraine, the problems relating to animal models of migraine and the difficulties in measuring biochemical parameters during an attack.

The second talk was entitled: "Food supplements to Indian malnourished children" and was given by Peter Soothill. He described some work he had undertaken while on an elective in India. Using arm circumference as a measure of nutritional state, he compared a group of children in a village participating in a rural health scheme with a control village. Children were matched for height since their ages were often unknown. His results indicated that both groups had similar arm circumferences and he concluded that there was no evidence of improved nutrition in the project village.


PLATELET
5-Hydroxytryptamine-releasing factors
1. Antigen–antibody complexes
2. Catecholamines
3. Prostaglandins
4. Tyramine
5. Fatty acids
ADP ↑
MAO-B ↓
5-HT
5-HT
5-HT
Other factors possibly involved in platelet 5-HT release primarily by platelet aggregation
1. Heparin reduced levels
2. Primary platelet abnormality
3. Clotting factors
4. Reduced prostacyclin levels?
5. Thromboxanes A_2 and B_2
Na⁺/K⁺ gradient abnormality
Tyramine
Phenylethylamine
Catecholamines
Intra-cerebral vasoconstriction ('aura phase')
Plasma 5-HT ↑ (initial increase)
→ Release of prostaglandins
Sterile inflammation
Catabolism
Excretion
Plasma 5-HT ↓ (rate of fall?)
→ Free tryptophan ↑
→ Changes in mood
→ Sensitization of vomiting centre
→ Reduction in anti-nociceptive pathways
ADP/ATP release?
Extra-cerebral vasodilatation ('headache phase')
+ increased pain perception
+ sterile inflammation
Kinins
Neurokinin
Substance P
Prostaglandin E
Histamine
Secretin

"From Crook, M. "Migraine: a biochemical headache". Biochemical Society Transactions (1981), 9, 351–357."

In the ensuing discussion, Peter emphasized the importance of auditing such rural health schemes. Mention was made of the difficulties in distinguishing whether improved welfare was due to better food or to the better sanitation and reduction in infections.

William van't Hoff.
Chairman

1981 Dental Revue – You Only Teethe Twice

by **A. D. Robinson**

The Greenwood and the Physiology Theatres being unavailable, the Dental Revue on the 17th December took place in the "cosy" atmosphere of the Ballroom. Cramped conditions and absence of proscenium arch were overcome bravely by excellent stage management and use of lights, producing a theatre in the round. Sound quality of the amplifier was better than we have sometimes known and the use of projected lantern slides to provide titles and supplementary pictures was well integrated. The show followed a well established pattern, consisting of a series of sketches, some sung and some spoken, with musical interludes from a chorus beside the stage.

The opening dancing scene was accompanied by a very tuneful female voice, but the overall impression was of legs. These legs must have been around at Guy's for some time, but I hadn't noticed! The voice was that of Sue Clark, who with Charles Merivale, directed the whole production.

The second scene, "NOT ONLY PETE AND DUB", was one in which several members of staff received a bit of stick. It was well done in the appropriate voices. I quote:—

Dub Did you hear about Mr. ....'s *affliction?*

Pete No Dub, *what's that?*

Dub It's *an obscure medical* condition called sub-mental fibromatosis. . . . He's got more chins than a Chinese telephone directory.

On the subject of dental examination questions:—

Dub I mean, a typical question is "who are You?" I got 75% on that one.

Pete Well Dub a more difficult one would be what are you?

Dub Well, just another simple working class chap trying to earn a salary disproportionate to my ability, Pete.

Referring to the Conservation Department:—

Dub I got up there only to be greeted by rows of those wooden heads awaiting new gold stoppings and the rest of the chairs taken by the new students who seem to camp there overnight.

On the subject of Demonstrators:—

Pete Getting a Demonstrator is not the easiest of feats. They are in many ways like public conveniences, Dub.

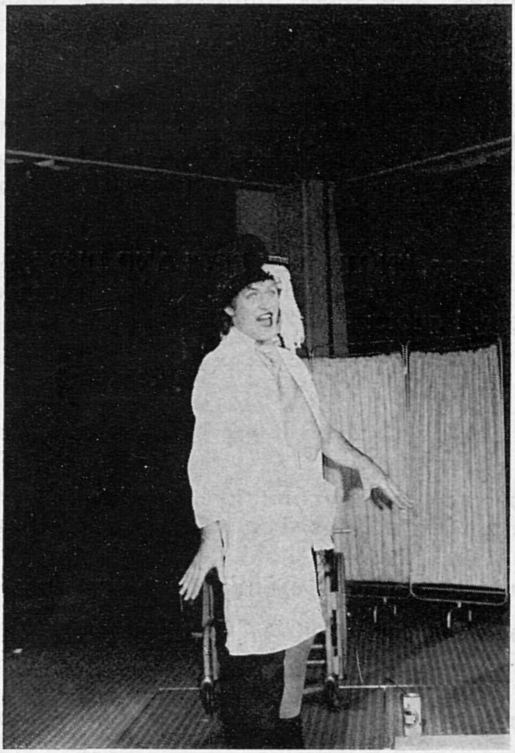
Dub How's that Pete?

Pete Never there when you desperately need one.

During this dialogue there had appeared two Phantom Heads on the bench behind, one turns to the other and says:—

"Blimey, they think they have it rough . . . Who's that idiot who's been working on you all day. All that banging has given me a splitting headache."

There followed sketch No. 3—SERIOUS DRAMA. This was competent and amusing in the style of Tommy Cooper.



Mark Lowey as Tommy Cooper

The next was a song THE PATIENT COMETH, sung with great *panache* by the co-director, with choir and audience participation.

The patient cometh

T'was on a Monday morning, I came to PTU
The Dr. looked at all my teeth, and said they wouldn't do
He drilled all my amalgams out to try and find the pain
And then he put some temporaries in and said "come back again"

Oh, it all makes work for the NHS to do

T'was on a Tues morning on Cons on 26
I saw a Mr. Wookie and I put him in a fix
He had to take the caries out, from that he wouldn't swerve
Then suddenly he stopped and said "Oh dear, I've found the nerve"

Oh,

T'was on a Wednesday morning they put on rubber dam
To do my endodontics Julian Webber was the man
Because I couldn't pay, his work he wouldn't guarantee
But he made me an appointment for preventive dentistry

Oh,

T'was on a Thurs morning I saw Naylor in PD
He said he was a naval man, and did seem all at sea
But when he saw my X-rays he decided it was best
To take some of my teeth out to try and save the rest

Oh,

T'was on a Fri morning Mr. Pilley had a go
When asked which teeth I had to lose he didn't seem to know
He said "Hot salt water rinses and you'll be as right as rain"
But the sockets got infected and I couldn't stand the pain

Oh,

On Sat and Sun they have better things to do
So t'was on a Mon morning that I came to PTU

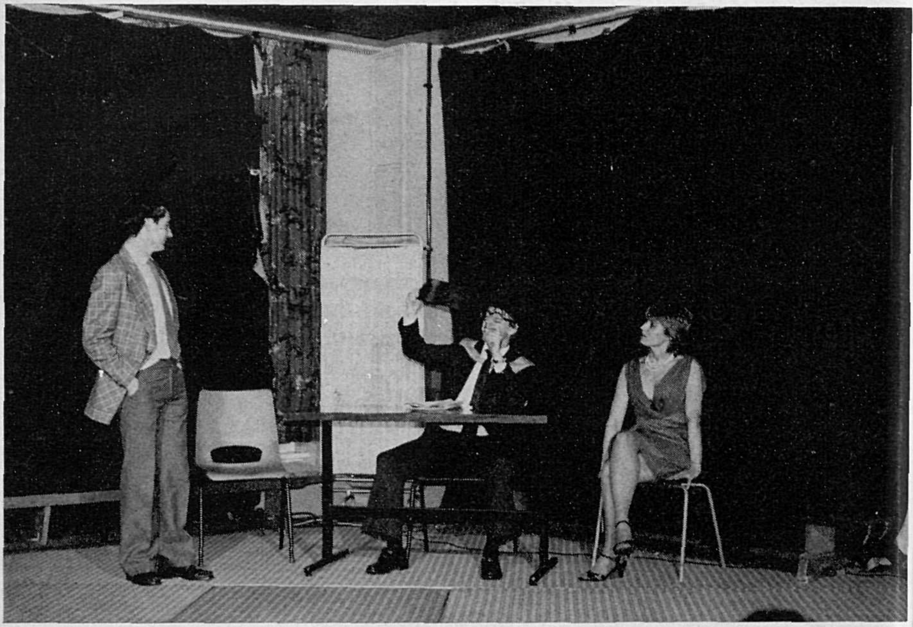
Item 5. THERE WILL BE A COMBINED CLINIC . . . in which some well used characters were used again—B-Day, Frank and Eileen and some newer ones, Raj and Tak—etc., etc. At least the actors made fun of their own repeated use of the same characters and themes.

Hamish Gillespie, Dean Carr, Dave Cheshire, Margaret Foxton, Simon Gregson, Angela Portelly and Debbie Flanagan.

No. 6. VINCENT'S SONG was a pleasing male solo; an amusing song, well sung with guitar accompaniment.

No. 7. NEWS AT GUY'S where Angela, Reggie and Gordon converse on what are doubtless topical matters in the students' common room, mostly for one reason or another not suitable to print, except perhaps this one:—

Gordon "A dispute developed today in the Primary Treatment Unit between Mrs. Clare and Mr. Shaw. Mrs. Clare thought it was bronchitis, Mr. Shaw thought it was pericoronitis but Paul Shepherd solved the problem—26 down was in fact pulpitis.



R. Dubbins, Dave Cheshire and Sally Clark, in "Yes Examiner".

So we come to No. 8. YES EXAMINER—No need to explain the inspiration for the theme for this sketch. The interpretation was good. *Examiner* "Do they think we're stupid Humphrey? I've spotted the same suit on several different candidates and I've seen the same tie at least twelve times today."

No. 9. A song—HOLE IN THE TOOTH a clever parody which starts like this:—

There was I, drilling this 'ole
'Ole in a tooth,
So big and sort of round it was
And there was I diggin' it deep
It was flat at the bottom and the sides were steep.

I leave out several verses and come to this one—

That reamer's jammed, fair and square
If 'e loses that tooth 'e's got plenty to spare,
If you disagree,
It don't bother me,
So I'll send him to locals on Floor 23.

Item 10—GAME FOR A JOB was mainly notable for the sporting co-operation of Mr. Waterman, going beyond the bounds of what may be reasonably expected in self sacrifice for the good of the cause.

Perhaps I should record just one of the questions and answers:—

(Q) Which of the following are constituents of plaque?

a. Fusiform bacteria
b. Extracellular carbohydrate
c. Brass
d. Gram negative bacteria
e. Spirochaetes

(A) All except Brass—WRONG, we were in fact talking about the plaque outside the surgery, which is of course, brass.

No. 11. THE COMMON ROOM SONG. "What are we going to do about Eileena" is the first line of this song, set to a well-known tune from The Sound of Music in which many members of the staff got a mention and yours truly got a mild bating. A pleasantly musical piece which led on to the best of the whole show, called NOT THE FINALE, though it actually was. To the tune of "Doodah Doodah Day" the neat and humorous verses were sung with great vim and vigour. Verse three went as follows:—

Thank you very much for the last five years,
Do Dah Dodah,
Thank you very much for the last five years,
Oh de dodah day
We're gonna leave here soon,
We can't afford to stay,
Thank you very much for the last five years,
We've overdrafts to pay.

After that followed, for the invited guests and friends of the finalists, a buffet supper with disco dancing which I'm told went on into the small hours.

Thank you, finalists, for a happy and amusing entertainment, and good luck in your future careers.

Comment. The show was good. The organisation of tickets and seating and the supper catering reached new high levels of perfection. Congratulations to Sally Clark and Charles Merivale who directed the entertainment and to all their players and helpers. Special congratulations to Kathy Harley and her helpers who organised the supper.

Photographs by R. Plowman.

Snowflake 1981 by Our Special Correspondent

Whilst ethereal snowflakes are rarely seen in late November, Guy's Hospital Clubs' Union pre-emptied the Christmas snowfall with the traditional annual Snowflake Ball, held on Friday, November 27th. This year's spectacular was masterminded by Social Secretary Lawrence Maule, and was centred on the theme of *Cabaret*.

The entire East Wing was devoted to the cause of entertaining and dining 478 guests, enticing them with fantastic decorations throughout, a handsome dinner laid on by outside caterers and four live bands.

After passing through the main foyer, bedecked with gigantic paintings and white *"Costa Brava"* terrace furniture, one entered the main dining room, transformed from its habitual sobreity to a panorama of colour and glitter. The delightful dinner of egg mayonnaise, rolled surloin of lamb and blackcurrant soufflé was swept in by some equally tasty waitresses, displaying more of their coachwork and upholstery than is normally permitted by the trammels of ward attire. The Goldsmiths' College Big Band, who accompanied the mandibular excursions, featured our own Mike Lavelle who manipulated his saxophone with the finesse of the practised cystoscopist.

One left the tables agrog with bubbly and song to repair to the bar for heavy relief or to the laugh-in with the brilliant Stan Arnold Combo from Bristol, who tickled everyone's fancy with some of the bawdiest, and best, lyrics this side of the Rugby Club Dinner. Hardly a moment of reprieve—time to indraw or drain off the heady liquors of the night—before the Fat Band from Suffolk took to the Senior Dining Room for more jive-up and rave-in, complemented by the excellent reggae music of the Positive Vibes upstairs, and our very own Plasma Roadshow.

The Ball was a spectacle that appeared to be enjoyed by all, including, I hope, the countless diehards who had worked so hard to make it a success. These included:—

Co-ordination—Lawrence Maule. Ticket Sales—Chris Hood and friends.
Art-work—Sarah Wollaston. Painting—Fiona Grant.
Lighting—Jeremy Weinbren and Coruscator A.V., Jon Munns.
Staging—Simon Haskell and the Medical School Building Dept.
Decorations provided by—B.B.C., Perrier, Pernod, Canada Dry, Martini, Alcan and Unigate Dairies.
Decorators—Nicholas Page, Toni Pennell, Anne Barton, plus team of helpers.
Neil Goldsmith, Roger Matthews, Nick Cooke and team.
Food—Party Ingredients. Bars—Mike Bellew.
Bands—Goldsmiths' College Big Band, Stan Arnold Combo, The Fat Band, Positive Vibes.
Charity Tombola—Nick Cooke.
Clearing up—Handful of exhausted enthusiasts.
Last, but far from least, administration by Donald Bompas.

Dental Notes

by A. D. Robinson

There is soon to be a change in the dental course at Guy's.

Two "Rotating Appointments" are to be merged. Orthodontics and Children's Dentistry will join up with the Preventive and Periodontal. Students will attend each department part-time for six months instead of whole time for three months. This is a relatively small change. It is the result of many hours of discussion and may be regarded as experimental.

There has been a long running difference of opinion whether a vertical, longitudinal or block system of progression is better or worse than a horizontal, transverse or integrated system. At present, students who have completed the basic science course and passed 2nd B.D.S. have two starting points. Half begin with prosthetic techniques and practice, the other half start with conservative technique (phantom head) and practice. After about six months, the two groups change places. From then on, in effect, they progress from one department of subject to another, each appointment lasting three months. This is essentially a vertical, longitudinal or block system. The alternative used in a number of schools, is to progress in many disciplines at once but for longer periods on a part-time basis. That is the horizontal, transverse or integrated system.

It takes $4\frac{1}{3}$ years to impart and to assimilate all the knowledge and experience which lies between A-levels and a B.D.S. Whichever system is employed, a pupil must take quite a lot on trust. The whole picture cannot be seen until all the pieces are in place.

One presumes that in the plan we are about to put into effect, the overall contact of students with teaching and with patient treatments will be of the same order as it is now. Each appointment will have twice the number of students so, by doubling the size of classes for lectures, there can be a saving of staff time. Dressers in the Children's Department will see and treat orthodontic cases over a longer period. They should, therefore, see twice the progress but of half the cases.

There may be a need to invest some money in a supply of small wheelbarrows or trolleys for the easier movement of instrument cabinets.

The White Coat Syndrome

by William van't Hoff, with diagrams by Ingrid Lord

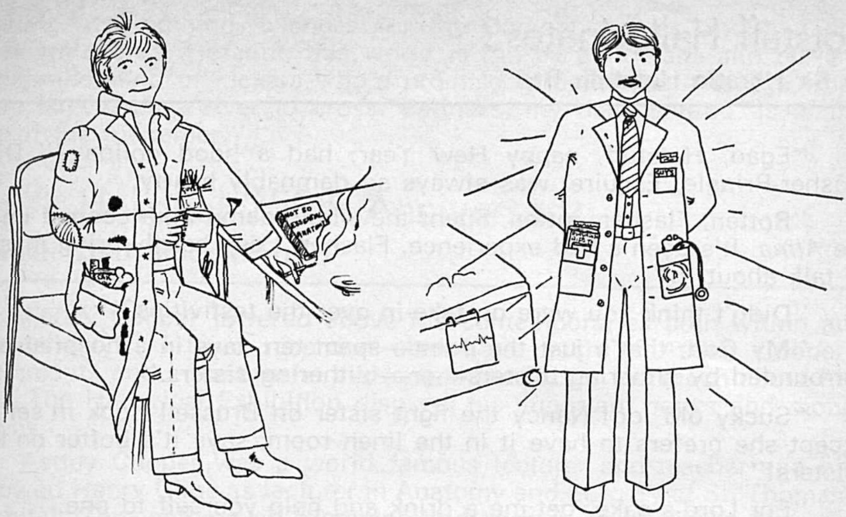
The White Coat Syndrome is characterised by the following triad: the presence of a white coat, an excessive interest in the human body and an obsessive personality. It was first described by Dickins & Jones (two famous clinicians at the turn of the century) in the New Cross Journal of Medical Lifemanship and now affects some 40,000 people in the U.K.

The syndrome invariably starts after the age of 18 years, and used to be exclusive to males with the exception of a small number of cases (the so-called "Royal Freemartins"). Recently there has been a tremendous increase in the number of females who are affected.

Several types of White Coat have been described (Gannex & Burberry, Journal of Medical Behaviour). The most primitive (undifferentiated) form is that frequently seen on Important Personnel, commonly chief technicians. These coats are shapeless but inexplicably clean, newly-pressed and are often complimented by a single, blue BIC pen. Although the novice student will be impressed by such a tidy garment the wary and experienced white-coats will recognise the wearer as a fraud.

Pre-clinical students can often be seen sporting a slightly more differentiated form of coat: This coat is nearly white, with areas of yellowish discolouration, usually irregular (unpressed) and stuffed with tissues, anatomy books, filthy instruments and sweets. Bloodstaining is common but not invariable. In their now famous work on the subject, Mark and Spencer described a geographical distribution of this new form of white coat. They found a high incidence in Academia (presumably related to an increased prevalence of inbreeding).

The course of the White Coat Syndrome is well understood and Harris has developed the work of Gannex *et al.* in recognising several stages (Journal of Inflated Ideas). After about 12–24 months, the coats worn by preclinical students undergo a radical metamorphosis This is associated with invasive spread by the student body onto the wards. The changes that occur are: a new regularity in the shape of the coat (well-pressed) and an intense whiteness (often related to previous exposure to the Persil virus and liable to induce photophobia).



At an unknown stage in the disease, strange bleeping noises are heard emerging from the coat. Two theories have been proposed to explain these. Jaffa (an expert on sexual matters) feels that these are mating calls of an unidentified parasite on, or in, the coat. Indirect evidence for this is that bleeping reaches a peak after five to six years (in the Newly Qualified stage) when the coat is filthy and the wearers are overcome with excitement. Others believe that bleeping is a warning signal to keep away, which the wearer uses whenever he is threatened (most commonly by a rather-forgotten parasite, Patient).

The Syndrome has a variable prognosis according to the behaviour of the patient. About 40% make a spontaneous recovery after 6–7 years; this is associated with a move out of hospitals. Patients who take this option are completely free of the "white coat" although they are left with the characteristically altered personality. They form the General Practitioner group.

The remainder run a more aggressive course for several more years although some recover within this period (joining the G.P. group). Of the remainder, most are ravaged by the disease until they reach their late thirties. At this time they lose their "white coat" and undergo a further personality change. They tend to become benevolent, sometimes condescending and sometimes aggressive. They sport a "grey coat" and they become immune to the parasite bleepozoa. Most have relapses (once a week with amazing regularity) but the white coat is different.

There is no treatment for this syndrome but most patients are relatively happy and are often proud of their coats. The fact remains, however, that although the "white coat" can be a best friend, it can also be a worst enemy!

Hotstuff Hallucinates?

by Sir Horatio Hotstuff, Bt.

"Egad, Hotstuff, nappy Hew Year; had a hood goliday?" Dick Flasher-Pringle, Esquire, was always so damnably hearty.

"Rotten, Flasher, rotten. Spent the whole damn time cooped up in the *Alma*. It's been a bad experience, Flasher, I can hardly bring myself to talk about it."

"Didn't think you were on fake-in over the testivities?"

"My God, that's just the point—spent ten days in a hospital bed surrounded by sithering blisters—er—blithering sisters."

"Sucky old lod! Nancy the fight sister on Brussell Rock m'self—except she prefers to have it in the linen room; says it's bofter on her solsters!"

"For Lord's sake, get me a drink and help yourself to one."

"Brandy and soda for you Hotstuff? Think I'll have a tin and gonic. Do you mind if I have a dick quip into the old buff snox?"

"Look here, Pringle, this is a serious matter. Damn them, they threatened to section me!"

"Dung, hawn and quartered!" Flasher-Pringle exclaimed with glee.

"Don't be so facile. Don't you understand, I was forcibly confined, trammelled, incarcerated in the funny farm?"

"Shrobbered by the clinks, eh?"

"They reckoned I'd had a day-light hallucination—blown off half the old grey matter."

"Came out with all their bingoistic junk, did they?"

"Well, usual story, Flasher, nothing concrete, all waffle and multisyllabics. But damn it man, they wouldn't believe me! It was like this, Pringle old chap. Couple of days before Christmas, tripped into the old piggy bank to pick up a few notes all ready to go down to Samantha Meggor-Bristol's traditional Christmas rave-up. Bowled down the steps from the Colonnade and dash nearly fell over a squadron of the Works Department chaps painting yellow lines all over the road, putting up gates—the whole job. Next day, I'm dashing across the Park, just about to jump into the old Bentley to take off for the Meggor-Bristols, and I look round and . . . Flasher . . . the yellow lines . . ." my voice was aquiver, ". . . the gates. . . ." I crumpled at the awesome words, ". . . were gone . . !" I buried my face in my hands: "Flasher, you believe me don't you? Say you believe me, for God's sake, before I lose the last vestige of my sanity"

"My God, Hotstuff, what have those ditch woctors done to you? Course I believe you old chap. Hardly a minute goes by in this Hospital without some sort of bed-tape rungle. This reorganisation of the Irrational Wealth Service won't to a doss of good; the lounge lizards change their tocational vitles; spoon out more honey to the macks.

Nothing, nut bothing, changes for the doctors, nurses and patients. Mark my words, Hotstuff, this world is run by politicians and bureaucrats—the slind of kickers who'd promise to build you a bridge when there isn't even a river to cross. Badness, my dear Horatio, is in the eye of the meholder."

Guy's Hospital 250th Anniversary

The late Lord Brock (Part 2)

Astley Cooper towered above his contemporaries both within and outside Guy's. I have recorded elsewhere much of Astley Cooper's attainments and I must resist the temptation to say too much about him now. The Historical Exhibition displays his important books and monographs.

Astley Cooper was a world famous lecturer and teacher and had followed Henry Cline as lecturer in Anatomy and Surgery at St. Thomas's Hospital. The lectures on Medicine had been given at Guy's Hospital. It had been the custom for a lecturer to nominate his successor, although the actual appointment was in the hands of the Governors. For health reasons he was compelled to resign his lectureships in 1825 and expected that in his place would be appointed his two nominees, Aston Key and Bransby Cooper. His nomination was not accepted and to his astonishment the Governors at once appointed Flint South of St. Thomas's and refused to change their decision. Astley Cooper had been lecturer for over 30 years and his ability had attracted large numbers of students and had brought international benefit and fame to the United Hospitals; it was not unreasonable for him to expect that his wishes in the appointment of a successor should be respected. In addition, the museum specimens used for his lectures had been prepared by his own labours and at his own expense. His lectures attracted over 400 students. Among the students who attended his lectures and has left the notebook he kept was the poet John Keats, our most famous student, who qualified as a doctor in 1816.

Quarrelling now arose between the staffs of the two hospitals. Much of the trouble seems to have arisen from a certain feeling of jealousy on the part of St. Thomas's staff that this upstart hospital of Thomas Guy had reached such eminence and at the expense of St. Thomas's. Even Henry Cline was affected by this and he and Cooper became estranged as a result. Cooper wrote "he was excessively jealous of Guy's Hospital. 'We never heard of Guy's Hospital till lately,' he said, 'it sprang out of St. Thomas's only'."

There could be only one satisfactory way out of the situation and the necessary step, that of forming a separate medical school, was at once taken by the Treasurer of Guy's, Mr. Benjamin Harrison. In this he had the vigorous support of Astley Cooper. This was done with the speed and efficiency characteristic of Benjamin Harrison. During the summer of 1825, the necessary buildings, lecture theatre and museum were built and by October 1825 they were ready to receive students. Aston Key and Bransby Cooper were appointed to the chairs of Surgery and Anatomy.

Harrison had succeeded his father as Treasurer of Guy's at the early age of 26 in 1797. His "reign" (he was in fact known as "King" Harrison) lasted until 1848 and his contributions to the efficiency and wellbeing of the Hospital were magnificent. It was to him that we owe the appointment to the staff of Addison. Harrison was also largely responsible for the foundation of a teaching museum. This had begun in 1802 and part of Harrison's contribution in the founding of the Medical School in 1825 was to provide a building to house the growing museum. This sprang from his conviction that a good museum and the teaching associated with it were essential for a successful medical school. It was also due to him that Hodgkin was appointed Curator of the Museum and lecturer in morbid anatomy.

In 1826, Joseph Towne, the artist in wax modelling, was engaged by Harrison and worked for over 50 years to produce over 1,000 wax models that we know so well and are so proud of. In 1828, John Hilton began the magnificent series of anatomical dissections that Towne modelled. The Museum has gone from strength to strength over the years and in 1904 Mr. R. Gordon, a Governor, gave us what we now know as the Gordon Museum which has such a distinguished history. I have the privilege of being associated with it for over 40 years since I held the Astley Cooper Studentship and I think how fortunate we are to have such a splendid possession which is in marked contrast to the rather pitiful collections one often sees elsewhere. I repeat, our splendid Museum built up and improved over some 175 years is something we can be very proud of.

Part of the Gordon Museum as it is today, photographed shortly after being completely redecorated. Some of Towne's wax models are visible in the foreground.

One of Harrison's greatest services to the Hospital was when he persuaded Mr. William Hunt, a close friend and a Governor, to bequeath his wealth to Guy's. Hunt left £100,000 which was principally used to build Hunt's House, the block of medical wards. He has been called the second founder of the Hospital and was buried in the vault beside Thomas Guy.

With the founding of the separate medical school, the United Hospitals began to break up but for a few years the students continued to attend the operations at both hospitals. In 1827, however, a free fight occurred in the men's operating theatre of St. Thomas's. The police were called in, nine Guy's students were arrested and subsequently appeared at Kingston Assizes and were bound over. The result was a complete break between the United Hospitals. However, by a happy chance some people with a clearer judgement decided that something should be done to preserve the friendship and union between the two hospitals and the United Hospitals Dining Club was founded in 1828. The Club dined several times a year and the Club and the Dinner have continued ever since. In fact on Thursday of next week the Club is meeting in Guy's Tower and will be holding its 538th dinner. I am glad that I can end this account of the first century of Guy's and of its union with St. Thomas's on this happier note.

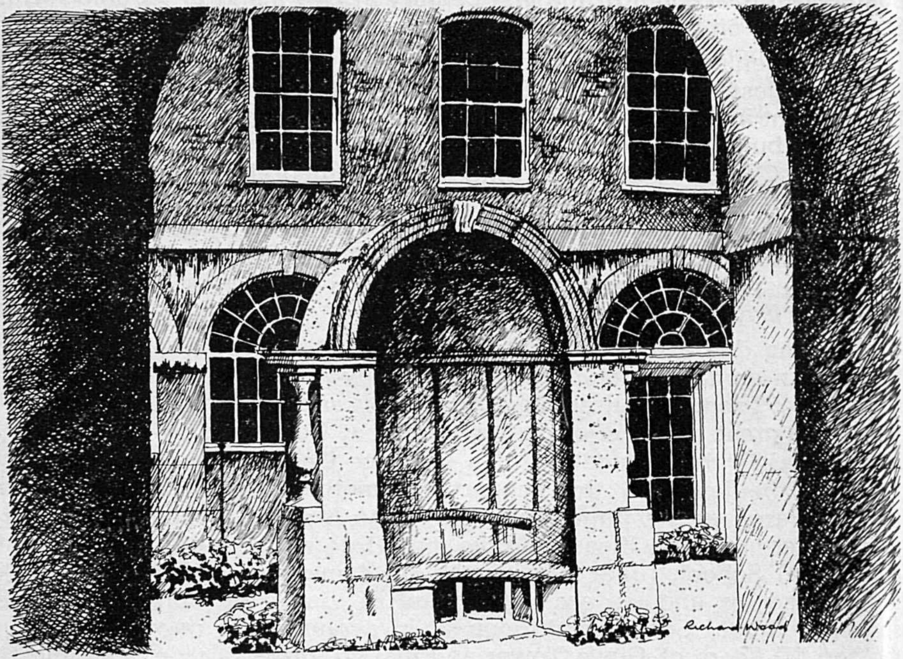
The men's operating theatre in which the disastrous fight occurred has been destroyed, but the Governors of St. Thomas's Hospital were truly gallant in providing in 1821 a separate operating theatre for women. This they built in the roof space of the parish church of St. Thomas's, now the Chapter House of Southwark Cathedral. This old-Listerian theatre still survives. It was restored in 1953 and has attracted many visitors for over 13 years. I hope that those of you who have not visited it will do so. You will find that it fully recalls the state in which operations were done in the first half of the 19th century. It was regularly visited by Guy's students of that time.

It was due also to Astley Cooper that the delivery of systematic lectures in dental surgery began in 1799 by Joseph Fox who was succeeded by Thomas Bell as Dental Surgeon and lecturer in Dental Surgery. The great tradition of dental surgery at Guy's was maintained and culminated in the foundation of a separate Dental School in 1889 by Newland Pedley with the support of another great Guy's man Sir Cooper Perry, at that time the Dean of the Medical School, later Hospital Superintendent. Please forgive me if I do not give a full account of our Dental School. I like to think that its fame and achievement speak for themselves and we are very proud of them. We congratulate the splendid Dental School and Hospital in acquiring its new quarters on the top 10 floors of Guy's Tower and visited yesterday by Her Majesty The Queen.

Before outlining our achievements of the 19th century I must try and present the position in regard to formal teaching before this time. In the early days of the 18th century there was no compulsory or formal teaching in medicine or surgery. The minutes of the Court of Governors of Guy's Hospital as early as 1727 and 1730 mention teaching, and further references occur in 1731 and 1735. In 1777 a minute states that the physicians of the Hospital were to give lectures to pupils.

These minutes of the Court of Governors are important but more impressive is the diary kept by Richard Kay, who was a pupil in 1743-1744 attached to the apothecary to Guy's Hospital, but most of his comments speak of his attendance at the hospitals i.e. the United Borough Hospitals, and it is especially vivid to read of him hearing Samuel Sharp give an anatomical lecture and seeing Sharp amputate through the thigh or Belchier and Sharp cut for stone. It is obvious that in 1743 the medical teaching of the two hospitals was a very real and active event.

I now come to the second century of the existence of Guy's when it had become entirely independent. I have named this period "the Great Days of Guy's." It is perhaps just as well that Astley Cooper, a surgeon, antedates this period, for it was the physicians who made most of the outstanding contributions during this century. It had looked as if the earlier allotment of the teaching of surgery to St. Thomas's and of medicine to Guy's had dealt unkindly with Guy's, but the developments and advances of the future showed that the reverse was the case.



A remarkably fine pen and ink sketch of the East Colonnade Courtyard by Richard Wood. The alcove was removed from the old London Bridge when it was demolished in 1832, being one of fourteen that were originally added to the Bridge during the period 1757–1762. The late Lord Brock might have appreciated his fine piece of sketching as he was an acknowledged authority on the history of London Bridge.

I do not intend to try and present adequately the contributions of our very famous physicians such as Addison, Bright, nor of Hodgkin, morbid anatomist to the Hospital, and of others, because there is just not enough time and they have received plenty of attention, and the mere mention of their names should recall their work and discoveries to you. Hodgkin was responsible for keeping the Hospital green books, the autopsy reports, for some 15 years. Guy's lost a great man when he retired prematurely. In addition to his great clinical contributions, to Addison belongs the credit of instituting as early as 1828 the making of case reports by students. It was not until 1846 that it became obligatory for students to write reports on their patients. A little later the post of Registrar was created to supervise and to arrange for the safe keeping of the ward clerk's reports. Harrison was an active supporter of compulsory report writing on every patient.

James Blundell (1790-1878) physiologist, physician, obstetrician and gynaecologist to Guy's Hospital, has the great distinction of being the first to give successful blood transfusion in man. We have only to consider the enormous part that blood transfusion plays today to appreciate what a great achievement this was and it is rather remarkable that it is so little known that we owe this to a Guy's man. I cannot enlarge upon the fascinating details of this work, but you will find an excellent article on it in the *Guy's Hospital Reports* for 1949 by Mr. A. J. Drew. Drew's article contains illustrations from Blundell's own writing and these alone are interesting and informative. Although Blundell had no means of controlling clotting, and knew nothing of the existence of blood groups, he had considerable success, and was able to record four successful transfusions out of six or seven cases. As, for example, a patient who received fourteen ounces of blood after a severe postpartum haemorrhage. Mr. A. J. McNair has also written in the *Guy's Hospital Reports* (1928) about how, in 1828, James Blundell did the first successful hysterectomy for cancer in Great Britain.

Samuel Wilks was one of the great band of Guy's physicians of the 19th century. Amongst his many contributions, he described the affections of internal organs by syphilis, that up till then had been considered only a superficial disease. He was also the first to describe bacterial endocarditis and the condition we now know as lymphatic leukaemia. In 1865 he rediscovered the disease of lymph nodes earlier described by Hodgkin in 1832 and nobly conferred the eponymous title of Hodgkin's Disease upon it.

The story of the elucidation of the confused and complex picture of what was called "Bright's Disease" is peculiarly associated with Guy's men and especially in addition to Bright, Sir William Gull and Dr. Mahomed. Gull described and differentiated the condition later known as essential hypertension.

The morbid anatomy of essential hypertension had now been described; its clinical recognition depended upon the brilliant discoveries of Dr. Mahomed, who measured the blood pressure by means of a specially designed sphygmograph and he completed the story by recognising that high blood pressure might precede anatomical changes in the vessels; he also appreciated the importance of the constitutional factor.

Dr. John Ryle, another distinguished physician, writing in the Bright Centenary number of the *Guy's Hospital Reports* in 1927, states, "We may, I believe, justly claim that the whole of the story of high blood pressure, including the little we know of aetiology and the great deal we know of its consequences, was written at Guy's between the years 1827 and 1881."

In his "Reports of Medical Cases" (Vol. 1, 1827) Richard Bright commented. "It is my wish in thus recording a number of cases to render the labours of a large hospital more permanently useful, by bringing together such facts as seem to throw light upon each other."

I cannot pass over the immense contributions of Arthur Hurst in so many fields and especially his original work on the alimentary canal, particularly his radiological studies. Mention of Hurst enables me to introduce another great contribution of his in the second century of Guy's, that is the publication of the *Guy's Hospital Reports*. Although the first volume was not published until 1836, Astley Cooper, Haighton and Babington published a volume of case reports called "Medical Reports and Researches" as early as 1798. Nothing more came of this for a time but it may be considered the precursor of *Guy's Hospital Reports*. In 1835 St. Thomas's published a volume of Reports and Guy's followed suit in the next year. The St. Thomas's volume was an isolated effort until 1870 when a second series was begun and continued until 1939. I had expected to be able to say that the *Guy's Hospital Reports* is still in existence after 140 years, but I am disconcerted and disappointed because it has been decided that the *Reports* should cease publication and this it did with Volume 123 for 1974. I must not enlarge upon my sorrow that this step has been taken because no doubt wiser counsels than mine made the decision. However, the *Reports* functioned for 140 years as a very valuable scientific journal that has brought great fame and distinction to Guy's and it is unfortunate that we have had to lose it. I return to Arthur Hurst one of the great editors of the *Reports* who began as editor in 1921 and continued until the outbreak of war in 1939. An annual journal was transformed into a virile, original quarterly. This was entirely due to his efforts and achievements and it can be truly said that the *Guy's Hospital Reports* between the two Great Wars was a personification of Hurst himself. *(To be continued)*

407 Art Club Exhibition

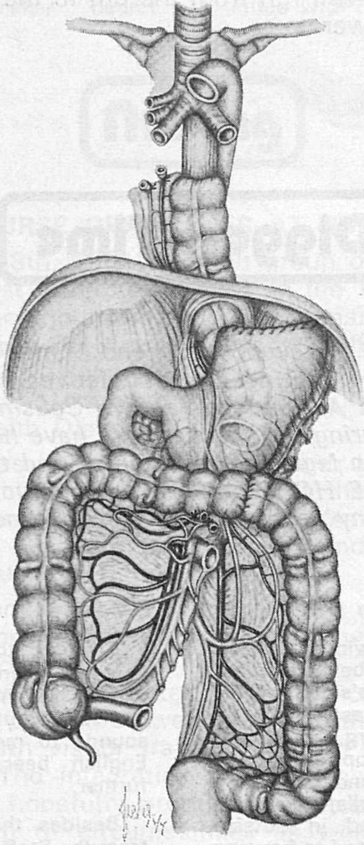
by *Sarah Wollaston*

I feel sure that visitors to the recent '407 Art Club' exhibition of medical art cannot fail to have been struck by the variety of material on display and the versatility of the artists themselves.

Exhibits ranged from delightful cartoons of agonized (roughage deprived) colons and dental 'do's and dont's', to particularly moist-looking surgical procedures in the half-tone technique.

There were a number of pieces produced for the Medical Artists' examination. These included, by each candidate, a femur drawn in pencil, a humerus in pen and ink with colour overlay, a pelvis in crayon and a scapula in watercolour. The work of Anne Jeffries, Senior Medical Artist of the department of Medical Illustration, was particularly fine and also that of Mr. Philip Wilson.

The department includes chartists and so the exhibition also displayed chart, graph and statistical work produced for research departments, journals and lectures.



A fine pencil drawing by Patricia Archer which she prepared for Mr. R. H. F. Brain, F.R.C.S.

The head of department, Patricia Archer, displayed a number of pieces including an impressive poster used in the 1978 'Medical Picture Show' at the Science Museum, and a marvellous set of half-tone renderings of colon transplantation.

The exhibition presented a great deal of material in a very limited area and altogether was a fascinating insight into the work of the medical artist. Well worth a visit.

The 407 Art Club was founded in 1979 by Matteo Adinolfi, Roy Spector, Anne Harris, Sidney Leibowitz and Patricia Archer. The group has no definite membership or funding but aims to arrange a variety of exhibitions with 'Special Viewings' complete with wine, on the first evening of each exhibition.

The next will be their 13th and is entitled "Guy's and Southwark in the fine Arts" and will run from the 8th to the 19th of February, on floor 17 of Guy's Tower.

Digger's Time

Eugene Bore and his avuncular friend Mark Powlson, Editor of this noble organ, are away visiting distant relatives in the colony of Hong Kong. Bore asked his Antipodean relative Cousin Schuldigger to keep an eye on the area during his absence. We have here Schuldigger's first report on the less than legal, decent, honest and truthful events, at that bastion of virtue, THE HOSPITAL. All information gratefully received. Any resemblance to any person living or dead is accidental and in many cases deplorable.

Away from my usual winter spot on Bonzai Beach due to my being medical rep. for the World "Foster's Lager Miss Surfboard Beauty" contest (held on this God-forsaken iceberg, misnamed Great Britain) I had the opportunity of dropping in on Eugene and his plump friend at the medics Valhalla, Guy's bar. Bore and friend, dressed in outsize Hawaian shirts [better suited to housing the Abo's! and amazing Tarzan pants,] were just leaving for H-K as I arrived, an excuse the boys at the beach bar call a load of old wallabies caboodles. Anyhow, they left, leaving me to fill in (as far as possible) for their absence. At the last reliable report they were seen in H-K by a few of my mates with a gang of ex-pats. from The London, at an Inn called "The Green Dragon," under the sign of a Watney's "Red Barrel". No further information has been received.

Anyhow, to business. Before Xmas it was enchanting to see that a portion of the Biochem. Dept. had been renamed "Santa's Grotto". As grotto sounds to me like the term for your English beer, I did not investigate further.

Besides that, Xmas and New Year from the Staff side was a happening like the English cricket season—all stick and no balls. On the student side, who was the poofter seen wearing eye make-up in the bar? A dental student too, but as Dennis Lillie says: there's a Nickodevian in every side.

According to rumour, another dentist, already renowned for collecting stuffed dog mascots for his front car radiator, has added a rabbit to his bumper collection. Further info. on this would be gratefully received.

Why was the bar heating off during the recent Antarctic weather? Even that Nazi Hofmeister bear was wearing his Damart thermals! As cousin Bore would say, I think we should be told.

To wind up for the present: my compliments to the C.N.D. on their recent meeting in the Medical School; all I learnt was that on Saturday there was to be the Tower Hamlets C.N.D. Panto —the promised film, "The War Game", and the speaker having failed to show. The embarrassed Guy's liaison officer explained that the speaker "hadn't come down yet". The immediate question of where from was not answered.

Well, enough for the present poms and pomlets, and just remember, if all else fails, just keep banging the beer cans together . . . *(Turn to page three for the Miss Surfboard Beatuy 1981 result.)*

STOP PRESS . . . A large, brown rat has been apprehended heading for the student bar. Legal representatives for the rat say that he thought Guy's had united with St. Thomas'.

Nursing

NURSE GRADUATES AT GUY'S

On September 28th, 1981, a small group of newly qualified nurses took up their first staff-nurse posts in the Guy's Health District. Surely not an occasion to make much of, considering the number of nurses trained at Guy's. But these particular staff-nurses had just completed a four year BSc (Hons.) Nursing Studies degree and were the first graduates from the course run by the Polytechnic of the South Bank with Guy's Health District.

In my capacity as liaison senior tutor with the Polytechnic, it has been fascinating seeing the development of the course and the students. The course started in 1974 with the Westminster Hospital, two years later included St. Thomas' Hospital and a year later added Guy's Hospital to make the three streams.

Initially, I felt somewhat wary of the value of a degree in nursing and I have had to repeatedly modify my ideas over the last four years. There are certain advantages of the course. The community input means that the student has a better realisation of the effects of social circumstances on the patient, as well as having the possibility of undertaking shortened health visitor training at the Polytechnic within two years of qualifying. The integration of social and biological sciences with nursing studies hopefully produces a nurse who can better analyse a wide spectrum of circumstances as well as more effectively evaluate nursing care given. Another benefit is the emphasis on research throughout the course. Much discussion has taken place over the last few years that nursing should be a research based profession. The undergraduate nurse learns to "think research" and hopefully the graduate nurse in due course will add to the body of nursing knowledge. Contact with the Polytechnic environment and with students gaining their practical experience at St. Thomas and Westminster Hospitals, while requiring great adaptability, may also be a bonus in that the undergraduate retains the ability to stand away from the clinical area in order to evaluate it better—a difficult task for the student nurse undertaking conventional training.

It appears that the development of the degree course student is rather different from the student nurse on the three year training. My feelings are that the student nurse gains practical expertise rapidly during the first 12 to 18 months and consolidates this in the latter half of training. The degree course student on the other hand, spends only a limited period on the wards in the first year and her prowess in performing nursing skills shows slow progress initially and much more rapid improvement in the latter part of the course. However, it will be interesting to see if my ideas are borne out by the later intakes of the degree course.

As with any course, there are criticisms. The number of hours of practical nursing are less than on the three year SRN training, although the GNC has approved the course's clinical input as quite adequate for registration. As the degree course student is supernumerary to the ward, concern has been expressed that she does not learn to take responsibility in the same way nor to the same extent. While this is true, most wards appear to use the undergraduate as a full member of the ward team and it is more a question of reduced clinical time leading to a lack of confidence rather than a reduced ability to take responsibility. Finally, belief that a degree in nursing will lead to administration does not seem apparent from talking to the new graduates from this particular course. They feel very strongly that they wish to spend some time in the clinical area.

For these reasons, I was particularly pleased that all twelve of this first intake had decided to apply for staff-nurse posts. Four are on medical wards, two on surgical wards, one on the renal ward, one in the paediatric area, one in Nuffied House and two at New Cross (one has not quite finished the course). I shall be very interested in watching their professional progress through the coming months and years.

A. P. Young.

Physiotherapy

Peering blearily ahead through the gateway of 1982 and anxiously debating the practicability of squeezing oneself, circumferentially speaking, through it, one was led to musing what the wine label printers had in mind when, in amongst the Pradiats and the Qualitats, they alluded to Weingut. Is this, one asked oneself, the Germanic version of a beer belly, and if so, do the French have a *vin-venture* and the Italians a *vino-stomaco?* A visit in November by a party of German physiotherapists from Wittlich had enriched our geographical knowledge by placing their hometown on the banks of the Mösel and our viticultural experience by their gift of some of the products of the Riesling vine. To have anticipated jollifications initiated by the new District Health Authority Chairman and his duly authorised officers by a full fortnight—itself preceding the Clinical Superintendent's inaugural party by a week—was a pre-emptive strike such as to ring responsive chimes from the *belles* of the physiotherapy department, and to have started the 'off with the old and on with the new' observances a shade earlier this year than in the past was an added bonus.

Classically, at this time, Janus looks back as well as forward, and our retrospective has to balance both the highs in terms of good therapy and reasonable exam results, and the lows, in terms of staff shortage, induced this time not by a dearth of applicants, but by a lack of funds. It has not been a happy time in the latter context and this must be a powerful argument in favour of separating off the educational from the service side of physiotherapy. The institution of the post of District Physiotherapist was welcomed, but the designation (as then had to be the method) of the Principal of the School was accepted as a poor best, in that both jobs are really full time ones, and acceptance of the designation was on the understanding that the performance of the rôle had to be something markedly less than perfect.

In prospect we have the opportunity, if such is the will of our new masters, to develop a really comprehensive physiotherapy service, with an appointed District Therapist in Lewisham and North Southwark. We would be able to offer almost unparallelled post-registration opportunities for staff deveolpment and continuing education, and to give our population a highly skilled service. We see as crucial this appointment of a District Physiotherapist to co-ordinate the activities of our profession in this enlarged district, and from the viewpoint of pre-registration education, to enable us to place students for clinical experience in a wide variety of situations where clinical teaching can be of quality.

The Chairman has exhorted us to work together to produce a standard of excellence in the new, as it was in the old, and we look forward to being given the conditions which will enable us to succeed, despite our discontent at the constraints which have prevented us from giving as good a service as we are able. It would be true to say that our morale is high, as we approach this next change. We believe, without complacency, that we work to good standards, and that we bring up our young to accept those standards, and we hope very much that we will be given the opportunity to make further improvements both in service and in training. *Qualitat,* we hope *mit Pradikat* and some *Gutphysios,* whether *Auslese or Spätlese.*

R. J. Cooper.

Correspondence

25 years ago . . .

Dear Sirs,

I noticed the following message in a Christmas card and thought your readers would be interested.

"To the staff (and patients) of Rothschild ward—remembering with gratitude the love, care and expertise shown to our small David (1957)—now healthy, happy, blackbearded and coming up to 25 years old. . . ."

The card was addressed to Rothschild Ward, Evelina Children's Hospital, Southwark Bridge Road!

Yours faithfully,

WILLIAM VAN'T HOFF.

Boland House,
Guy's Hospital.

Ball Shots!

Dear Sirs,

As many guests to The Snowflake Ball were aware, the event was promoted by a number of companies namely Canada Dry, Rawlings White, Perrier, Martini and the B.B.C. All these companies asked for in return for the loan of their material was a few photographs of their names to be used in their promotional programmes.

Unfortunately my camera did not function quite as it should on the night of the Snowflake and I have no photos to offer these companies in recompense for their generosity. I therefore appeal, through your columns, to those guests at The Snowflake who took photographs, to lend me any that feature the name of any of the companies I have mentioned, so that I may make copies of them and duly send them to the aforementioned.

Yours sincerely

LAWRENCE MAULE.

Boland House,
Guy's Hospital.

Christmas Spirit

Dear Sirs,

I must congratulate the writer of *Passim* in your December edition on his insight and clear exposition of the "spirit of Guy's"—particularly in his penultimate paragraph—I have rarely seen it so well put.

The ethos is something we may have difficulty in putting into words—but all of us who have been through Guy's know how strong this spirit is and how it remains with us. In the last thirty years I have come into contact with many Guy's men and women (of all branches of the professions) and always there is this confidence and assurance based on a mutually felt ethos.

I recently referred a patient for consultation (—to the Children's Dental Dept.), and she was overwhelmed by the kindness and understanding with which she was received—so I am glad to know that, despite the up-to-the minute modernity of the buildings, the real spirit of Guy's goes on as before.

Yours sincerely,

PETER READINGS.

Maycroft,
Chobham Road,
Woking, Surrey.

Sport

Sports Editor's Introduction

Many of our Clubs have been sent into near hibernation by the snow and ice, but the weather is warming up now and wheels are returning to motion. The last of the ice will surely be despatched by Alex's reddened face (might he get a tan?) and rasping voice.

We all wish the Boat Club success in the Heads, for which they are training hard, the Rugby Club in their imminent UH Cup match and the Football Club in their semi-final against the London.

But will all Clubs please remember that their contribution to Guy's is not restricted to attaining results in their respective sports, but should continue by adding to the social life of the non-sporting members of the Hospital by organising, for example, weekly HOPs.

Mark Batterbury

RUGBY FOOTBALL

Guy's 4, Cambridge University 60

It is, to coin one of David Coleman's immortal truisms "A game of two halves". They had one we had the other unfortunately they scored lots more points in their half than we did in ours. At 44—0 after forty minutes Guy's showed that they could play a little and scored the only points of the second half, a try by Charlie Popplewell, until the very end when Cambridge scored a couple more. They seem quite good.

Team: M. Hackett, H. Williams, (sub. P. Reynolds), N. Slater, A. Girling, R. Docker, A. Jones N. Poole, M. King, J. A. Brazier, L. Williams, B. G. Keevil (capt.), H. Meyers, (sub. P. Chew), M. Popplewell, E. Rose, I. A. Neill.

Guy's, 10 O. Dunstonians 3

That Guy's won was perhaps one of the few bright spots of this murky ill-omened afternoon. Squandered chances and a display of magnificent ineptitude enabled the score to reach 3—3 at half time. Guy's points coming from a Mike Hackett penalty. The one bright spot of the second half was a slickly worked move in the backs with the ball switching from side to side before the elusive scampering figure of Richard Docker outpaced the cover to score in the corner. A second penalty from Mike Hackett and Guy's had put the game out of their opponents grasp.

Team: P. Reynolds, H. Williams, M. Hackett, N. Slater, R. Docker, A. Jones, N. Poole, M. King, L. Williams, J. A. Brazier, N. Roberts, B. G. Keevil(capt.), M. Popplewell, E. Rose, I. A. Neill.

Guy's 10, Cinderford 37

Our biennial visit to the Forest of Dean was wet, dank and under a cloud, this description fairly accurately marked the way in which we played. Admittedly a heavily restructed pack with Guy's press idol Brian Keevil, playing at No. 8, took some time to settle but in all an air of ennui and lassitude seemed to pervade the side. Guy's points came from two penalties from Paul Chew and one try in which every forward got a boot to the ball (not necessarily propelling it in a forward direction) before it was seized upon by Richard Docker who added a further 4 points to his tally for the season.

Team: P. Reynolds, H. Williams, A. Girling N. Slater, R. Docker, A. Jones, N. Poole, S. F. Mihill, B. G. Keevil (capt.), P. Chew, N. Roberts, K. Conchie, P. Taylor, E. Rose, I. A. Neill.

Guy's 6, Ipswich 7

A morning kick-off at HOP to accommodate Ipswich proved a pleasant surprise to the ever dwindling bunch of supporters who turned out to watch, Guy's forwards playing with unusual flair and speed subdued their unbeaten visitors and produced not insubstantial amounts of possession. This pressure yielded a number of penalty kicks which alas Guy's were unable to turn into points.

Ipswich relieved the pressure on themselves with one long distant shot at goal which their kicker struck with commendable ease and thus the score stood 0—3 at half time.

Ipswich started the second half with increased vigour which was matched by Guy's. Dai Maggs took the opportunity of a long pass to make a rapid interception and ran with the urgency and cunning of a fox with the hounds at his heels to elude the defence and score under the posts. Allan Jones added the extra two points.

It would be fair to say that Ipswich exerted themselves more forcefully in the last quarter and a speculative kick followed by brief lack of concentration by the Guy's defence brought them a try.

A disappointing result but one that reflects the old adage of "you must kick your goals if you expect to win."

Disgruntled of Walworth

Team: P. Reynolds, R. Docker, A. Girling, N. Slater A. Jones, N. Poole, M. King, S. F. Mihill, P. Chew N. Roberts, B. G. Keevil (capt.), P. Taylor, E. Rose, I. A. Neill.

Guy's 18, Osterley 6

Always difficult opponents Osterley maintained this image on a chilly November afternoon. The first quarter saw a large amount of pressure from Guy's which as is so often the case failed to be reflected in the score. Osterley's one breakout and some lively debate with the referee gave the home side an easy penalty in front of Guy's posts, which cost us three points. Disdaining to kick any of the numerous penalties that accrued to us, the situation was becoming grim. Finally Allan Jones levelled the score by kicking an 'easy' penalty moments before half time.

A lackadaisical opening to the second half showed the home team in their best light and Guy's were hard pressed for some ten or fifteen minutes when Osterley kicked another penalty. However, urged on by harangues from the Captain and Vice-captain, the forward exerted great pressure and a heel against the head gave the back row enough room to manoeuvre a fine try by Martin King. Allan Jones added the extra points. Having made the breakthrough, Guy's proceeded to play the best rugby of the afternoon. Directly from the kick off Steve Mihill started a surging run which involved eight or nine pairs of Guy's hands and which ended with Andy Girling showing great strength and skill in scoring a fine try. Allan Jones added a further two points and moments later following a minor exhibition of pugilism three more. All in all a fair performance with some sparkling moments.

Team: P. Reynolds, D. Maggs, A. Girling, N. Slater, A. Jones, N. Poole, J. A. Brazier, S. F. Mihill, M. King, N. Roberts, B. G. Keevil (capt.), P. Taylor, E. Rose, I. A. Neill.

Guy's 13, OMT's 3

Guy's began superbly with a complex move in the back division that confused us as much as it did them, but put Bundy into a gap whence he linked with Reynolds, who put Maggs away.

Our spectator was likewise stunned into silence a while later when more leger-de-main allowed Williams on the right wing a brief sniff of the try line which he thoroughly exploited. Meantime, the new lightweight front row of Taylor, Hamilton and Kennedy was dealing admirably with more bulky, gentile opposition, Mihill was eloquently inspiring from the blindside flank, and Docker at scrum-half was rodently elusive.

In the second half Bundy kicked an excellent penalty goal to keep us comfortably ahead and the game finished with Guy's entrenched on the OMT goal-line. A satisfactory result.

Guy's 10, Mountain Ash 18

In the wake of the Snowflake Ball we were roused, not looking nor feeling our best, to face marauders from a South Wales valley who were dressed menacingly in dark blue waterproofs and spoke in a strange dialect of beer prices and a nearby sanctuary called Old Deer Park.

We played with the breeze in the first half and Bundy kicked us into a 6—0 lead, but by half-time this was cancelled out. It was a tough game up front where Keevil employed his generous physique wisely and Inky applied the house of generations to keep the scrum steady.

However, in the second half we allowed a soft try against us and in true Welsh fashion they kicked their goals. At the end Docker burrowed over for a try after excellent back-row pressure from King, Brazier and Mihill and we were left to contemplate our *hangovers.*

Neil Slater
(Team Secretary).

Player Profile: Ian "Inky" Neill

We aren't sure how long "Inky" has been tight head prop for Guy's but we're pretty certain he pre-dates Thomas Guy himself. Seriously, if you want to win yourself some money, Windsor School are operating a book with good odds that he will not live beyond thirty. Find him at immigration Terminal 2, Heathrow Airport, exchanging pleasantries with passing cocaine dealers and being extra nice to Scandinavian air hostesses, and judge for yourself.

Clearly then the basis of his game is experience. His experiences include sitting on Mike Burton's shoulders after a match against Gloucester singing "I am a fool", and his modesty doesn't stop there. A rock-solid tighthead and a very colourful character without whom Guy's would be a much safer place to live.

3rd XV

Played	Won	Drawn	Lost
7	4	1	2

Points for	*Points against*
85	66

So far the season has treated the 3rd XV well, with wins against London

Irish and Old Dunstonians, and a draw against a much stronger Rosslyn Park side who were expecting to play our 2nd XV. They were upset when losing 12—0 at half-time, but they eventually pulled back to equalise with a conversion in injury time, drawing a hard-fought match. Credit to Jamie "63a" Ferguson for his two tries, to Mike Reece for some excellent tackles and to Paul Lees who tried his hand at loose head prop after an injury forced Dasos to retire.

The top try scorer so far is Jamie Ferguson with five tries, followed by our dynamic second row forward Trevor Underwood who possesses considerable positional sense (he hangs around on the wing) and has scored three tries. Dasos has been on form with his place-kicking as well as his aggressive loose play.

Keith Underwood, Steve Goulding and Graham Mehag are some of those who have played in the back row, and have all done a great job. Steve Goulding is renowned for tackling anything (provided it has alcohol in it). Ray Fernandes excuses himself for being on the ball all the time by saying that he is so short-sighted that he has to keep up lest he should lose touch with the game altogether.

Credit must go to Chris Barnick for holding the scrum up, despite the fact that it spoils his perm. Our intrepid marathon runner, Lloyd Denmark, has been a valuable asset both in the loose and at the front of the line-out.

At the halfway point in the season, I would like to say thank you to everyone who has played, and I hope they will continue to play and enjoy the game.

M.

LADIES SWIMMING

5th Swimming Success for Guy's Physiotherapists

The London Schools of Physiotherapy Students Union held their Annual Swimming Gala on Friday 20th November. There was a large entry, 10 ladies' teams, 5 men's teams.

The Gala proved to be very exciting due to the high standard of swimmers and the large number of spectators. I would like to congratulate Nicky Dunkley winner of individual Butterfly Race and all other swimmers Sue Grimsdale, Jane Sanderson, Sue O'Neilly, Jane Anderson and Della Tysall.

The outcome of the gala depended on the last race—the Womens Medley Relay which Guy's won by a touch thanks to an excellent swim by Sue Grimsdale on the last length.

So the Guy's team came back having won the overall gala for the 5th successive year.

Angela Weeks

HOCKEY

Spirochaetes 1, Epsom Gypsies 2

The Spiros battled bravely against the strong Epsom side and were unlucky to lose this keenly fought match by the odd goal. Without regular captain Seb "I have got my finals" Johnson, the team lacked direction in midfield. Incidently it should be noticed that a certain blonde curly haired finalist was seen entering a local drinking estabishment only hours before the match. However, back to the match which started with something of a surprise when thirteen Spiros arrived at H.O.P. Amongst these were new faces such as goalkeeper James McPeake who picked the ball out of the net superbly on two occasions. Mick "this game's got some stupid rules" Folley battled fiercely on a fine debut, while t'Stuart t'Mellor failed to realise he wasn't still playing football.

The first Epsom goal gave the Spiros defence, who generally looked very secure, little chance. However there must be some dispute over the second goal. The whistle was blown for an offence outside the Spiros area. One umpire unbiasedly gave the decision to Spiro's. The other (still perhaps asleep after the Easter tour) gave it to Epsom. Epsom took the hit and scored almost immediately.

So the home side were two goals down at half time during which two substitutions were made. Duncan "I don't feel too well" Harriss became umpire and t'Mellor insisting that he should be replaced—a true hero..

And so to the second half. Lifted by a stern half time talk the Spiro's reached new heights and the Epsom goal was under constant pressure Broughton, Rytua, Taylor and Evans worked well, going close on several occasions. All credit must be given to the Epsom goal keeper who looked certain to keep a clean sheet until full-back Hart fired the ball home from a short corner to give to Spiro's a deserved goal.

The few remaining minutes were played out with the Spiro searching in vain, for an equaliser.

A few post match beverages were consumed and the Spiros departed, as ever, glorious in defeat.

Team: J. McPeake, V. Hart, H. Gillespie, I. Phipp, D. Harriss, R. Russell, M. Folley, R. Taylor, D. Heal, L. Broughton M. Evans, E. Rytua, S. Mellor.

Robin Russell

FOOTBALL

Come Christmas, the news from the Football Club was mixed. The 1st XI had reached the semi-final of the UH Cup by beating George's 5—0 but had failed to fulfill pre-season potential in the League. The 2nd XI were having more success in the League, despite the loss of Captain Liam for a fortnight, but had keen knocked out of the UH Cup by their old bogey side, The London. The 3rd XI had played few games, but were suffering from the loss of players to the senior teams and to the terraces of Charlton. They too are out of the UH Cup, dismissed by lowly Westminster II, despite the assistance of the Hockey Club. Indeed, Andrew Tresidder substantiated his claims of ignorance of the laws by taking a throw-in from his chest!

The 1st XI results make despairing reading and disguise the full story. They have often played well, at times brilliantly, but sadly have lacked the concentration necessary to win over 90 minutes. Notable points have been the two goals scored against Bart's, one a flowing move from penalty area to penalty area, the other a dipping shot from the captain. RSM we beat! RCA were pushed hard in the ULU Cup—once again Bernie featured with his angular head of steel. Mary's always seem to catch us on an off day. This year we played them on the day after the Snowflake Ball. After hasty recruitment to replace Andy Jones, apparently still in bed, Dave Cheshire then disappeared, finally making his way to Cricklewood instead of Teddington. Following a bumpy train journey, and a ham sandwich laced with egg, the captain deposited the contents of his stomach and duodenum on the pavement, almost on a passing cyclist and through a hole in a garden fence. We lost.

At the time of writing, the Club has been hit hard by the wintry weather, but now we are due to return to the playing fields of the South-East, with spirits high and intentions clear—to win!

Honker.

Hospital Information

DEATHS

WALLACE—On 15th December, 1981, peacefully at his home, Four Winds, Barrowby High Road, Grantham, Frederick Harry Wallace, L.D.S., R.C.S. (Eng.).

ELLIS—On 24th August, 1981, 15 Tudor Way, Waltham Abbey, Essex, Malcolm Ellis, L.D.S., R.C.S. (Eng.).

ENGAGEMENTS

GANT—MILLMAN—The engagement is announced between Mr. A. G. Millman and Miss R. P. Gent.

MARRIAGE

DAVIS—CATTERALL—Dr. R. Davis married Dr. G. A. Catterall, 24th October, 1981.

PERSONAL

WANTED—Dental Surgeon. Associate with view to partnership to join two Guy's men in Ipswich. Start July, 1982. Full book, modern equipment, hygienist laboratory; car park.—Ipswich 58557—day (surgery); Ipswich 53409—evening (home).

Passim

Plus ça change, plus ç'est la même chose?

In July 1980, Mr. Patrick Jenkin, former Secretary of State for Social Services, justified the proposed re-organisation of the National Health Service to members of the House of Commons. He summarised the purpose of the second rationalisation of the N.H.S. in the following words:

". . . . to provide a health service which is better and more efficiently managed, and where local decisions can be taken by local people, and . . . . . to make significant reductions in management costs."

Not surprisingly, these proposals were greeted by the Parliamenttary Opposition with a certain degree of vindictiveness. Mr. Stanley Orme, the Opposition front-bench spokesman, called upon Sir Keith Joseph to witness *". . . . the correction that the Government is attempting to make to his disastrous re-organisation."* This was justifiable criticism in view of the flourishing of bureaucracy which followed the 1974 restructuring. Indeed, it will remain justifiable criticism unless the Department of Health attains its target of reducing the N.H.S. administration and management costs by £30 million by the end of 1984.

The present re-organisation involves the abolition of the 90 Area Health Authorities and 199 Health Districts, with replacement by about 180 new Health Authorities, each serving a population of between 150,000 and 500,000 people. The geographical division of each District Authority has been carefully considered in order to provide the optimum level of integrated health care within the smallest area. This necessarily involves a closer correlation between the boundaries of the D.H.A.'s and local social service and education Authorities. The over-riding ethos which purportedly governs the new structure is that of providing a service which is more responsive to the needs of local populations. Mr. Jenkin spoke of the Government's aim to cut hospital waiting lists and give patients a "better deal". To quote his words:

". . . . under the new arrangements, people will feel in charge of their own destinies. Rising waiting lists are as much a problem of low morale as any other reason."

At the annual conference of the National Association of Health Authorities, Mr. Jenkin spoke of:

". . . . the best way to encourage people to make wise decisions is to give them the widest measure of responsibility and autonomy . . . . We want chairmen and members of Authorities to have the widest possible freedom to plan and operate their services in the way best suited to meet local needs. In particular, the guidance and advice of professional men and women—particularly the clinical professions—is available to every Authority, and they do not need to be told how to go about their business."

Whilst one can applaud these ideals of local democracy, we wait to witness, *in vivo*, the greater accessibility to the policy makers that the grass roots providers and consumers of health care should now be heir to.

How will the re-organisation affect Guy's and associated hospitals? The South East Thames Region has been dissected into fifteen D.H.A.'s, the boundaries of which have already been decided. The original Guy's Health District has been expanded to encompass Lewisham Health District, to produce the Lewisham and North Southwark Health Authority. This new Authority will be responsible for a resident population of 326,000 people and thus constitutes, numerically, the largest D.H.A. in the Region. The neighbouring D.H.A.'s of West Lambeth and Camberwell have changed little from the former Health Districts of St. Thomas' and Kings' respectively. Interestingly, the resident population of the West Lambeth D.H.A. (St. Thomas') is 179,000, thus rendering it one of the numerically smallest Districts. Even more intriguing is Dr. Gerard Vaughan's objection to the Regional Health Authority's idea of keeping the names of Guy's, St. Thomas' and King's for the new D.H.A.'s; he is quoted as saying:

"I do not consider it appropriate for districts to be named after hospitals, particularly in view of the need to give higher priority to community care."

The D.H.A. committee is constituted by a chairman, appointed by the Secretary of State, one hospital consultant, one general practitioner, one nurse, midwife or health visitor, a trades' union representative and a number of so called 'generalist' members. The Lewisham and North Southwark Health Authority is fortunate to have Mr. David Berriman as its chairman. He is presently managing director of Guinness Mahon, merchant bankers, and has been influential in a number of national issues in which the study of financial management has played a crucial rôle. He and his committee will bear a considerable burden over the ensuing years in ensuring a rather more permanent success for the new structure. In the words of Patrick Jenkin:

". . . the prime responsibility will rest on the chairman and members of local health authorities; it is they who will be held accountable and I know they will meet the challenge."

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 12 days before publication. Copy dates for the next two months are March 22nd and May 17th.

Copy may be sent to us at Mary Sheridan House, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.
When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).
Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

News in Brief

Miss Beryl Warne, O.B.E.

Congratulations to Miss Beryl Warne, Area Nursing Officer to Dorset, who received the insignia of Officer of the Order of the British Empire. Miss Warne qualified SRN at Guy's in 1949 and was Nurse Tutor at Guy's for several years.

Major-General W. J. Pryn, O.B.E., F.R.C.S.

May we extend our congratulations to Brigadier Bill Pryn's recent promotion to the rank of Major-General and his appointment to the Directorship of Army Surgery at the Ministry of Defence.

Mr. Stuart Donnan

Mr. Stuart Donnan, F.R.C.S., formerly a Lecturer in the Department of Surgery, has been appointed to the Foundation Chair of Community Medicine in the University of Hong Kong. One of his major interests has been for many years the work of casualty departments in the cities and their relationship with the community.

Careers in Medicine

From March 8th-12th, the Department of Postgraduate Studies and S.M.E.C. are organising another series of short talks on the various options that are open to medical graduates. This time, these include careers in hospital medicine, psychiatry, paediatrics, surgery, pathology, radiology, community medicine, general practice, working abroad, etc. The talks are aimed at final year medical students but anyone interested may attend. They are to be held in the Anatomy Lecture Theatre from 4.30-5.30 and the full programme will be circulated with the Postgraduate Diary and displayed on notice boards. Further details from Dept. of Postgraduate Studies, Ext. 3342.

Guy's South Wales Society

The annual dinner and re-union of the Guy's South Wales Society will be held on Saturday, March 20th at 7.15 for 8.00 p.m. at the Park Hotel, Cardiff. The guest speakers will be Professor Cawson and Mr. John Maynard.

Dress for the occasion is formal, contrary to our blunderous statement in last month's *Gazette.* The cost of the dinner is £9.50 per head and the annual subscription is £2.00.

Reservations should be made before March 7th to the Hon. Secretary, Mr. Chris Lewis, "Glenhaven", Cardiff Road, Tass Well, Mid Glamorgan, South Wales. Tel. 0222–810523.

Captain Noah and his Floating Zoo

The Music Club will be performing "Captain Noah and his Floating Zoo" and a selection of orchestral works in the Chapel at 7.30 p.m. on Monday, March 8th.

Guy's Graduate Dinner, A.R.M. 1982

The Guy's Graduate Dinner will be held in the Robens Suite at the top of the Tower block at Guy's Hospital. Guests are promised an excellent meal while enjoying the finest panoramic view in London. All Guy's graduates attending the A.R.M. are invited with their spouses and we hope that the Dean elect of the Medical School, Professor Tim Clark, will be our guest, and will tell us what future Guy's Hospital has in the pending reorganisation of Medical Schools.

The Graduate Dinner is being held on Tuesday, July 6th and will coincide with the A.R.M. Representatives' Dinner-Dance. Those Guy's graduates wishing to attend either or both of these functions should contact Dr. C. J. Hughes, St. Nicholas, Copse Mead, Woodley, Berks, or Dr. M. G. F. Crowe, Millstream Cottage, 40 Main Street, Cossington, Leicestershire.

The Maclean Cup, 1982

The Guy's Open Golf Championship, open to all Guy's staff, students and former Guy's trained personnel, is to be held at Sundridge Park G.C. on Wednesday, May 12th. Further details for this scratch and handicap event are available from The Secretary, Guy's Golf Club, c/o Boland House, Guy's Hospital. Make it if you can, because this is the event which goes from strength to strength! The closing date is Friday, April 23rd and approximate entry fee for all golf, morning coffee, full lunch, sausages and sandwiches in the evening, is £19 for non-members (and the sausages are enormous!).

Papal Visit, May 1982

His Holiness, Pope John Paul II, is coming to England at the end of May. In the London area, events planned for the papal visit include a special service for the sick and handicapped in Southwark Cathedral on Friday, May 28th, and an open-air Mass at Wembley Stadium on Saturday, May 29th.

In view of the large numbers of people expected at both these occasions, the organisers have appealed for experienced health workers, particularly doctors and nurses, to come forward and offer their services in looking after the Holy Father's flock. Anyone who can help on the Friday and (especially) the Saturday should write at once to the local co-ordinator: Dr. Peter Doherty, 60 Nassau Road, Barnes, London SW13 9QE.

Mr. Kenneth A. Barnett, J.P., L.D.S.

May we express our compliments to Mr. Kenneth A. Barnett who was appointed Chairman of Council of the Royal Society of Health at a meeting of the Council on January 5th, 1982. He is the second dentist to hold the Society's post of chairman.

Mr. Barnett has been a Member of Council since 1970 and has served on a wide range of committees for the Royal Society of Health. He qualified as a dental surgeon at Guy's and spent the war years as a Dental Officer in the Royal Navy. After some years of private practice, he began the Dental Service for B.O.A.C. in 1959 and is now Chief Dental Officer of British Airways.

The British Medical Association Exhibition

As part of their 150th anniversary celebrations, the British Medical Association are joining forces with the International Hospitals and *Medical Exhibition and Expodent International '82 to share in the U.K.'s* greatest health care exhibition at Olympia, London from July 13-16th.

Further information is available from: Denis Beckett, Sara Thorling, 161 Drury Lane, London WC2B 5QG. Tel.: 01-242 3706 or Tony Thistlethwaite, B.M.A. House, Tavistock Square, London WC2. Tel.: 01-387 4499.

The Winged Fellowship Trust

The Winged Fellowship Trust needs able-bodied volunteers to help physically disabled people enjoy their holiday becoming the arms, legs and friends of those whose life is in a wheelchair. The Trust has three holiday centres; one at Holme Pierrepoint, near Nottingham, another outside London at Chigwell in Essex and the third in rural Surrey, near Redhill. They are modern, fully equipped hotels and are run with a small resident staff. Volunteers are urged to contact the Trust on the 2nd Floor, 64/66 Oxford Street, London W1N 9FF. Tel.: 01-636 5575 and 01-636 5886.

Quodlibet Society

The next Quodlibet Society Meeting will be held on Tuesday, March 9th, at 5.30 p.m. in the Robens Room. The speaker will be Mr. Justice Robert Goff, whose subject will be *"Law—the skeleton civilisation"*.

DATES FROM THE MEDICAL DIARY

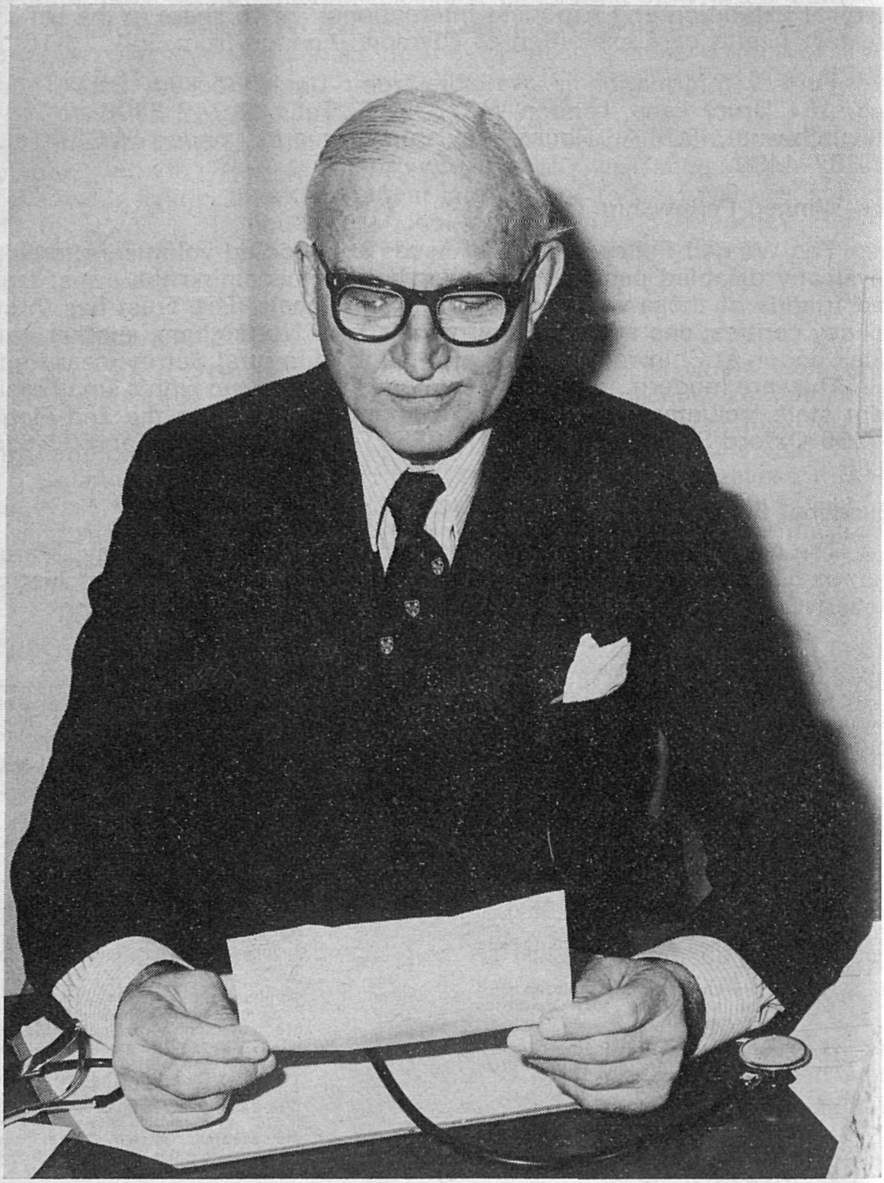
March

Wed.	3	Examination for the Treasurer's Medal and Tewfik Prize for Surgery begins.
Fri.	5	Entries close for the Sands Cox Scholarship in Physiology. Entries close for the School Prize in Pharmacology. Entries close for the Gilbert Prize in Rheumatology.
Wed.	10	Examination for the Michael Harris Prize begins. Examination for the Gilbert Prize begins.
Fri.	12	Entries close for the Golding Bird Medal and Prize for Obstetrics and Gynaecology.
Mon.	15	Final Conjoint Examination begins. Examination for the School Prize in Pharmacology begins.
Wed.	17	Examination for the Sands Cox Scholarship in Physiology begins. Examination for the Golding Bird Medal and Prize for Obstetrics and Gynaecology begins.
Fri.	19	Entries close for the Golding Bird Medal and Prize in Bacteriology.
Mon.	22	Examination in Basic Medical Sciences and Pharmacology (fifth term) begins.
Wed.	24	Examination for the Golding Bird Medal and Prize in Bacteriology begins.
Fri.	26	SPRING TERM ENDS. Applications for the Ian Howat Memorial Prizes, Dennis Deuchar Memorial Prize and Leung Woon Keung Prizes must be submitted to the Dean by this date. Entries close for the Beaney Prize in Immunology.

DATES FROM THE DENTAL DIARY

March

Mon.	1	Applications for the Final L.D.S. Examination, Parts I and II (obtainable from the Medical School Office) must be left in the Medical School Office not later than this date.
Mon.	8	Applications for the First L.D.S. Examination (obtainable from the Medical School Office) must be left in the Medical School Office not later than this date.
Fri.	19	Applications for the Third B.D.S. (June/July) Examination, Parts I, II, III, IV and V (obtainable from the Medical School Office) must be left in the Medical School Office not later than this date.
Fri.	26	SPRING TERM ENDS.
Mon.	29	Applications close for the Final L.D.S. Examination, Parts I and III.
Wed.	31	Applications for the Second B.D.S. (June) Examination (obtainable from the Medical School Office) must be left in the Medical School Office not later than this date.



Appreciation

Dr. J. C. Houston, C.B.E., M.D., F.R.C.P.

It will come as a surprise to many Guy's people to learn that Dr. Houston, Senior Physician, has reached the age of retirement. While the prospect may perhaps give him pleasure, his colleagues, students and, above all, his patients will feel dismay.

"George" Houston left school with the intention of reading modern languages at Cambridge, but a last minute change of mind brought him, in the nick of time, to study medicine at Guy's in 1934. After qualifying in 1939 and completing two house appointments, he joined the R.A.M.C. and in 1942 went to India where he became a medical specialist and spent the next four years. He returned to Guy's in 1946.

Many of us remember vividly his time as pre-clinical tutor when, with his gift of lucid explanation, he opened the eyes of students to the fascination of clinical medicine and laid foundations that were never forgotten. He would unravel a complicated history and swiftly demonstrate the physical signs in a way which has continued to characterise his teaching. There were so many physical signs in those days, and his imitations of cardiac murmurs left us with the impression that the diastolic murmur of mitral stenosis had a faint scottish accent.

Since his appointment to the Consultant Staff in 1953, generations of students, house physicians and registrars have benefited from his direct style of teaching which combined rare clarity of thought and expression with unfailing good humour. His many patients have warmly appreciated his incisive diagnostic skills and the continuous care and interest taken in their welfare.

Daily, the Dean's unmistakable figure has been seen striding rapidly about the Hospital. Arriving earlier than nearly everyone else, he has assiduously conducted his ward rounds and clinics (and attended firm dinners), missing very few, and always managing to find time to see someone at short notice. This has been in spite of a punishing schedule of commitments with the Medical School, the University and a host of other bodies. He has also found time to write (with others) two highly successful textbooks, edit the Guy's Hospital Reports, run the Staff Health Service (which he will continue to do), the asthma clinic and provide medical advice and care for many colleagues and their families.

Happily, his remarkable energy is not to be wasted as he has been persuaded to stay on as Dean. With difficult times ahead, we are grateful. When the time comes for him to retire from the School, it will then be possible to write a more comprehensive account of his great contribution to Guy's. Meanwhile we hope that he will have more time for golf, and, with Thelma, to enjoy their garden and the countryside.

R. K. K.

Clubs' Union News

With the annual elections successfully over and the A.G.M. but a few days away, I have come to the end of a most enjoyable and rewarding (albeit often frustrating) period as President of the Clubs' Union. I shall leave it to Lawrence Maule to summarise the achievements made over the past year, but before, I would like to thank all the Union Officers without whom little would have been possible.

They were: George Noble—Medical Vice-President, Chris Birtwhistle—Dental Vice-President, Lawrence Maule—Social Secretary, Mike Bellew—Bar Secretary, Peter Cliffe—Junior Secretary and Anne Barton—Junior Treasurer.

I would also like to thank, in particular, Dr. Knight (Chairman), Dr. McCance (Secretary), Professor Rowe (Treasurer) and Mr. Bompas for their invaluable help and assistance throughout the year. I believe that the Clubs' Union is now enjoying greater support than it has for many years and am convinced that, under the guiding hand of Lawrence Maule, it shall continue to do so. I wish him good luck.

Roger Matthews.

Year Past, Year Present

During his time at the top, Roger Matthews has steered the Union into a much more favourable position. He implemented the change in premises for the Union Shop and saw through the redesigning and rebuilding of the upstairs bar. Together with Mike Bellew, he negotiated a new deal with the breweries, so giving us even cheaper beer. He was also very active with respect to social events, being heavily involved in Snowflakes '80 and '81, the Summer Festival and all the usual entertainments at Guy's.

George Noble, Medical Vice-President was exceedingly active during his year of office. He has been elected Medical Senator to the University and is also a student representative on Court, the financial lion of the University. Although he is standing down as Medical Vice-President here, he will continue to hold these posts until later in the year. On behalf of the Union, I would like to thank him for the work he is doing.

Chris Birtwhistle, whilst turning the midnight decks of Plasma, has also been Dental Vice-President and has been an excellent representative of the dental students and a very active Clubs' Union Officer.

I would like to thank the retiring officers for all their hard work last year. Although the Union membership never seems to be all that appreciative, I am sure that the last 12 months would not have been as enjoyable for them had they not been there. *Encore Merci!*

The new Union administration took over at the annual general meeting on February 23rd. At that meeting, Dr. Robert Knight stands down as Chairman. Dr. Knight has been Chairman of the Clubs' Union for two years now; he has been very involved and interested in all Union affairs. The post of chairman has been filled by Dr. George Scott, Physician to the Hospital, who has never lost touch with the students at Guy's since his own student days.

I would like to underline the main aims of the new administration. The Union Officers are *not* the Union, they are merely its managers. The Union is the students at Guy's. It is not our intention to do and be everything during the coming year. It is often said by many a student—"I haven't got the time" or "I can't, I've got to work" or some similar excuse. Every medical and dental student at Guy's has got the time to become involved, either by organising or attending the functions at Guy's. The new Officers are of the opinion that since they can afford the time, so can the rest of the Union. If the Union decides it cannot give its time to the events organised, the Union Officers may have to reconsider their time commitments. The new committee comprises:—

President—Lawrence Maule, 4th year Med.
Medical Vice-President—Chris Hood, 2nd year.
Dental Vice-President—Mike Bellew, 2nd clinical year.
Junior Secretary—John Edwards, 2nd year medical.
Social Secretary—Sarah Wollaston, 2nd year medical.
Bar Secretary—Anne Barton, 2nd Clinical dental.
Pre-Clinical Dental Rep.—Elaine Parsons.
B.M.S.—1st Year, Sue Kennedy; 2nd year Andrew Jones.
Clinical Dentistry and B.Sc.—Mark Cronshaw, Mike Dunkin, Anna Maciag, Andrea Salmon.
Clinical Medicine and B.Sc.—Mark Batterbury, Lindsay Corrie, Roger Matthews, Neil Roberts, Simon Ward.

L.M.

Dental Notes

by A. D. Robinson

By the time this is read, it may all be over and done with, I hope so. I refer to the troubles with the railways. It might be presumptuous on my part to comment on the resilience and good humour of the general public, but I am allowed to report on the response to adversity by dental students, staff and patients. During this trying period there have been remarkably few absentees among any of the three groups. Some have been setting out at a ridiculously early hour and returning home correspondingly late. While others have been finding improvised overnight accommodation nearer the Hospital or in it. This kind of dedication to duty should not go unrecorded.

We were greatly pleased one day recently to have a visit by Lord Robens to the dental floors of the Tower. I hope and believe that he will have approved of the way we are making use of this great building, whose existence owes so much to his energy and endeavour.

The Dental Dinner—Wednesday, May 12th

Once or twice I have referred to this forthcoming event. When Clinical Day is over we can look to this next function. Professor T. J. H. Clark, Sub-Dean of the Medical School, has agreed to be a guest speaker and Professor W. J. Tulley, Dean of Dental Studies, will reply. Professor A. H. R. Rowe, as President of the Dental Society, will be in the Chair. Mr. Alan A. Robinson has agreed to help me with the organisation. Tickets are £12.50 each, cheques payable to Guy's Hospital Dental Society, please.

Dental Subscribers: An Apology

by The Editorial Staff

There are many problems and worries associated with the editing of a small journal, which help to explain the strange (but, one likes to think, endearing) idiosyncracies of their editors. That strange vacant look is not just a sign of vacuity (nor of brain death), but may disguise the scintillant thoughts of a person with twenty pages to fill and only three hours before the printer's final deadline. (Such circumstances concentrate the mind wonderfully). That strange *sotto voce* muttering is not insanity, but may be a detailed analysis of the journal's income and expenditure, in an attempt to calculate the last possible moment before leaving the country—with all the portable property—before the bailiffs move in. That habit of closing the eyes during lectures and making snoring noises is not—as some critics assert—mere slumber, but a rational analysis of additions to and deletions from the list of subscribers punctuated by exclamations of disbelief. (The fact that the final analysis is almost invariably awful explains the sudden start and furtive, worried look that characterises the end of such calculations).

Indeed, of all the ills that afflict editors and make them so prone to tiredness and emotion, there are none so worrying as the risk of losing subscribers. Fortunately, subscribers to the *Gazette* are more loyal than most (*although substantial numbers were lost in the last two price* increases in 1975 and 1978); but it is a sad fact that only a quarter of old Guy's men and women subscribe. This may, at first sight, seem a highly creditable figure, but the age distribution tends to be skewed towards the older generations: this is partly due to frequent moves on the part of the newly qualified, and partly, perhaps, due to a certain lessening of *"ésprit de corps"* and of community loyalty in recent generations—although, of course, there are many honourable exceptions.

In an attempt to increase the number of younger subscribers, the *Gazette* has sent letters to all people who have qualified from Guy's in the last two years, as they qualified. The response was very gratifying, and subscription numbers have now been increasing after many years of decline. The cost of postage precluded a wider canvassing at the time, but late last year the Dental Society very kindly offered to include a letter inviting subscription to all Guy's qualified dental practitioners with their annual mailing. At some investment of time and effort, we combed through our up-to-date and accurate records to compile a list of our dental subscribers so that they would not be circulated with this letter—*only for the list to be delayed in the post until after the mailing had taken place.* The inevitable result: outrage. Never in 110 years of the *Gazette's* existance has there been such a voluminous correspondence, from all parts of the country (and, indeed, the world, although replies are only starting to come in from abroad.).

We would like to take the opportunity to apologise to all our subscribers who mistakenly received this letter: individual apologies are also being sent, but because of the numbers involved it may take a few weeks to be completed. Despite this provocation, however, we are happy to find that, as of writing, we have received no cancellations. Indeed, many letters showed a certain wry amusement. Mr. J. A. Hudson writes *"Surprise! Surprise! I have been a subscriber to the Gazette since 1923 . . . ."* (beat that, if you can Medics), or the equally laconic *"I have subscribed to the* Gazette *for so many years that I have no doubt the entry in your records* must *be faded"* from Mr. J. H. French. Mr. Lawrence Roth appeared to be particularly put upon: *"I have received the Dean of Dental Studies' Newsletter, which I found vaguely disquieting. Not so much for its contents but because having been a subscriber for over 30 years it would now seem that my sex is now for the first time in doubt. I do hope that standards are not dropping, and because students are no longer admitted for biology, that these small, but important, differences are not glossed over."*

We also received a lot of useful information regarding changes of address (which have been passed on to the Dental Dean's office for the next Directory) and certain challenges. Mr. G. E. Glazebrook informs us that both his son and his grandson are also dental graduates at Guy's, and was interested to hear of any other such span. On the same theme, Mr. C. M. Beales informs of a strong familial Guy's attachment in that his wife and her sister, and his brother and nephew are all also Guy's people—and that both his children were born here. On a sad note, we also learned of the death of Mr. Maurice Whitten in mid-December 1981, who qualified at Guy's in 1914, and who must have been amongst our oldest subscribers.

In conclusion then, we must again apologise for the inconvenience and annoyance this episode caused to our many dental subscribers, and thank all of you for your continued support. Despite this error, however, the mailing has been a considerable success: as of writing, it has resulted in over eighty new subscribers, with more arriving daily. This is a very pleasing response, and will help to keep the *Gazette* going during this difficult period.

Immunological Disorders of Peripheral Nerves

Adapted from the 1981 Goulstonian Lecture given by
Dr. R. A. C. Hughes, M.D., F.R.C.P.

We are very pleased to publish the following paper, delivered by Dr. Richard Hughes, Consultant Neurologist, as the 1981 Goulstonian Lecture to Fellows and Members of the Royal College of Physicians.

The Goulstonian Lectureship was endowed in 1832 by Dr. Theodore Goulston, M.D., F.R.C.P. who left £200 to be used to sponsor an annual lecture.

Former Goulstonian Lecturers have included Dr. Aubrey Leatham, Professor Sir Desmond Pond, Professor Gordon Hamilton-Fairley and Professor Stewart Cameron.

Introduction

This article, based on the 1981 Goulstonian Lecture, will consider how abnormal immune responses damage the peripheral nerves in animal and human diseases. I have chosen to consider peripheral rather than central nervous system disease because advances in understanding the anatomy, physiology and pathology of the brain and spinal cord have usually followed successful investigations of the peripheral nerves. It is reasonable to hope that an explanation of peripheral nerve demyelination in acute polyradiculoneuritis will illuminate investigation of more important demyelinating diseases of the central nervous system including multiple sclerosis.

Part 1: Hypersensitivity in peripheral nerves

The peripheral nerves are protected from circulating immune reactions by a blood nerve barrier—the specialised endoneurial capillary endothelium and the tight junctions of the perineurial cells. This protection is only partial and it is reasonable to examine peripheral neuropathies to see where immunological mechanisms can be identified. The immune reaction may be directed against a neural or external antigen. The neural antigen might be a component of the neuronal cell body, Schwann cell cytoplasm, axon, myelin, connective tissue or blood vessel wall. The external antigen might be an auto-antigen such as nuclear antigens in systemic lupus erythematosus. Alternatively, viral or bacterial antigens may be present in the nerves and become the target of an immune reaction as in herpes zoster or leprosy. This approach may help identify causes for peripheral neuropathies of which about 50% remain unexplained.

There are four main types of hypersensitivity *(Table 1)*. Of these, all but the first are known to damage peripheral nerves. In a second instalment, we will consider how each might contribute to polyneuritis of undetermined cause.

Type of Hypersensitivity	
I	IgE—mast cell
II	Antibody
III	Antigen-antibody complex
IV	Cell-mediated

Table 1

IgE mast cell hypersentivity

Mast cells, the agents of immediate hypersensitivity reactions, lurk like landmines in the peripheral nerves ready to release histamine and other substances. The number of mast cells and histamine content in peripheral nerves increases after trauma or section. Mast cell degranulation is triggered by the contact of antigen with specific IgE on the cell surface or by polycationic chemicals. Mast cell degranulation causes an increase in vascular permeability which breaks down the blood nerve barrier and causes a rise in endoneurial fluid pressure. Mast cells in the peripheral nerves have been implicated in producing the erythema and itching of the axon reflex around a scratch. They have not yet been recognised as causes of peripheral neuropathy, but might amplify inflammation triggered in the nerve by other means.

Antibody-mediated hypersensitivity

Experimental evidence demonstrates clearly that antibodies can cause peripheral nerve demyelination. According to the classical scheme, if antibody binds to an antigen which it recognises on a cell surface, that cell may be engulfed by phagocytes or destroyed by the complement system. Specific antibody may also act by an alternative mechanism, permitting non-sensitised polymorphs and monocytes to destroy target cells by an extra-cellular mechanism not involving complement. Such antibody-dependent cell-mediated cytotoxicity is relevant to considering how macrophages are "instructed" to demyelinate axons. Antiserum to peripheral nerve or brain will demyelinate myelinated cultures of dorsal root ganglia by a complement dependent mechanism. The main target of this reaction is probably galactocerebroside, an important constituent of central and peripheral nervous system myelin (Fig. 1). The antigen against which most of the complement fixing activity of anti-myelin serum is directed is galactocerebroside. Furthermore, antiserum raised against purified galactocerebroside itself will also demyelinate myelinated peripheral nerve cultures *in vitro* or peripheral nerve itself *in vivo (Leibowitz and Gregson 1979, Saida et al 1981).*

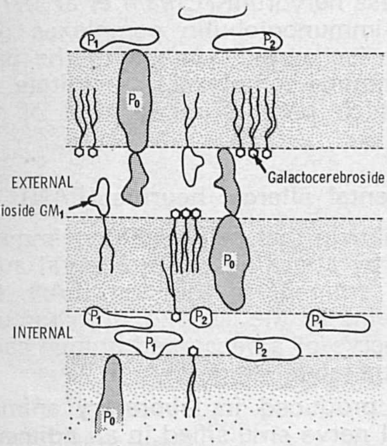


Fig. 1. Diagram of a transverse section of the outermost camellas of peripheral nerve myelin, illustrating the probable sites of the major antigens.

Antigalactocerebroside antibody mediated demyelination is such a powerful experimental method of producing a demyelinating neuropathy that a search for such antibodies in human disease would be worthwhile. We have been unable to find complement fixing antibodies to galactocerebroside in either acute polyradiculoneuritis or, incidentally, multiple sclerosis *(Hughes 1979).* There is one important example of a disease in which antibodies to nerve components are important. Some patients with benign gammopathy, particularly those in whom the gammopathy is due to IgM, have progressive demyelinating neuropathy. The paraprotein has been shown to react with myelin by complement fixation and immunoabsorption. The precise antigen with which the paraprotein reacts has not been identified and may differ from case to case. Treatment with immunospupression and plasma exchange has been helpful. This is the first clear demonstration of the importance of antibody-mediated reactions in human demyelinating neuropathy *(Latov et al 1980).*

Antibody-antigen complex hypersensitivity

We have to seek examples of immune-complex damage to the peripheral nerves from clinical neurology. The peripheral nerves have not been studied in the available animal models of immune complex disease.

A particularly clear example of immune complex mediated neuropathy is provided by patients who have essential mixed cryoglobulinaemia and neuropathy. Cryoglobulins are globulins which precipitate when the blood is cooled. Their detection requires that the blood be kept warm while the serum is separated. There are two types of cryoglobulin: (1) simple cryoglobulins are monoclonal paraproteins associated with B cell dyscrasias; (2) mixed cryoglobulins are immune complexes of two different immunoglobulins, one of which is an antibody directed against the other. Mixed cryoglobulinaemia may be associated with connective tissue diseases, lymphomas or infections or follow drug ingestion. If mixed cryoglobulins occur in the absence of any detectable coexistent disease, the condition is called "essential" mixed cryoglobulinaemia. Such patients usually present with recurrent purpura and Raynaud's phenomenon, but about 20% have a multiple mononeuropathy. Sural nerve biopsy has shown that the histological basis is a recurrent vasculitis of the vasa nervorum *(Cream et al 1974)*. The circulating immunoglobulin anti-immunoglobulin complexes produce a florid vasculitis which causes ischaemic damage to the peripheral nerves. The fact that the immune-complexes precipitate on cooling is an accident of nature which permits recognition of the mechanism of neuropathy.

Cell-mediated immunity 1. Experimental allergic neuritis (EAN)

Two experimental models have shown that cell-mediated immune reactions may produce nerve damage by attacking an intraneural autoantigen or an introduced extraneous antigen. In the first, EAN, the responsible antigen is a myelin protein. In the second, a tuberculin reaction is induced in the peripheral nerve of a sensitised animal causing an immune reaction against an extraneous antigen.

Experimental allergic neuritis is produced in laboratory animals following immunisation with peripheral nerve emulsified in an adjuvant. It consists of a transient weakness due to polyradiculoneuritis developing after nearly two weeks, lasting about one or two weeks and usually recovering completely. It was described by Waksman and Adams in 1955 in the wake of the demonstration that post rabies vaccine encephalomyelitis can be reproduced by immunising animals with brain. Interest in EAN was stimulated by the observation that its pathology, whether observed under the light or electron microscope, closely resembles that of acute polyradiculoneuritis (Guillain-Barré syndrome). Research into experimental allergic encephalomyelitis, the disease induced with central nervous system tissue, progressed more rapidly. The encephalitogenic antigen was identified as a MW 18,000 myelin basic protein. The amino-acid sequence and encephalitogenic determinants of this protein were demonstrated and shown to differ between species. T cell-mediated immunity was shown to be essential and little or no antibody was produced or needed. The peripheral nerve disease, EAN, was more difficult to produce. When the guinea-pig was used as the experimental animal, involvement of the brain and spinal cord usually occurred and interferred with assessment of EAN.

In 1979, we rediscovered the fact that bovine spinal nerve root injected into inbred Lewis rats caused pure EAN *(Kadlubowski and Hughes 1979)*. The peripheral nerves and nerve roots showed florid perivascular infiltration, while the brain and spinal cord were completely spared (Fig. 2). Even the lumbosacral cord remained normal although it was only separated from the cellular infiltrates in the nerve roots and meninges by the glial limiting membrane. The cellular infiltration was associated with marked loss of myelin. Under the electron microscope it was evident that demyelination always occurred in association with infiltration of mononuclear cells, both macrophages and lymphocytes. The myelin is stripped and ingested by processes of macrophages which insert themselves between the myelin lamellae. The myelin is also broken down by extracellular vesiculation. The axons are largely spared and EAN is a primary demyelinating disease. The word primary distinguishes it from those conditions in which myelin loss is secondary to axonal damage.

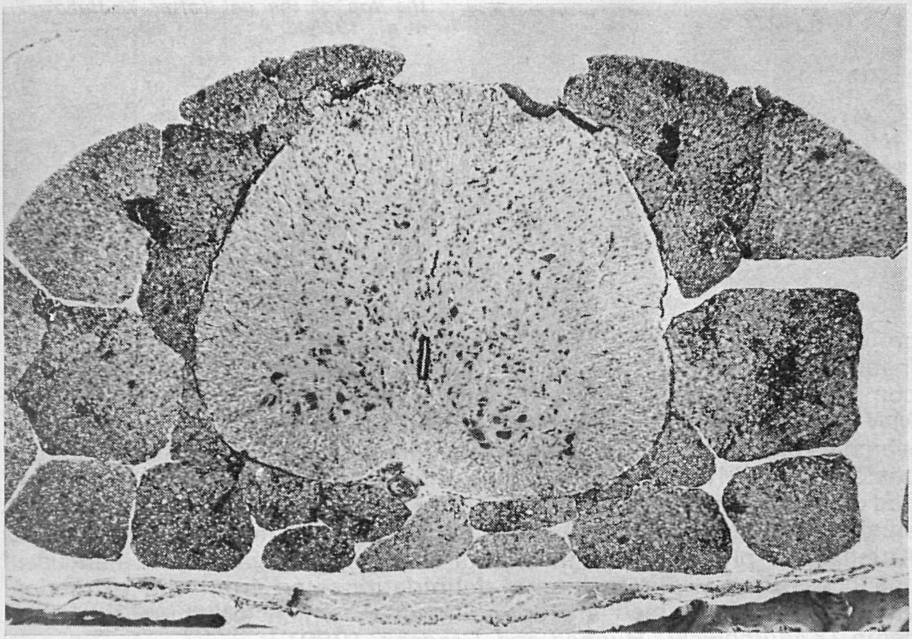


Fig. 2. Transverse section of the cauda cauina of a rat with E.A.N. showing cellular infiltration of spinal nerve roots and sparing of the spinal cord. Haematoxylin and eosin stain.

Myelin prepared from bovine spinal nerve roots by sucrose density gradient centrifugation also induced severe EAN in Lewis rats. Myelin contains a large number of lipids and proteins any of which might have been the cause of EAN. The proteins can be separated into dis-

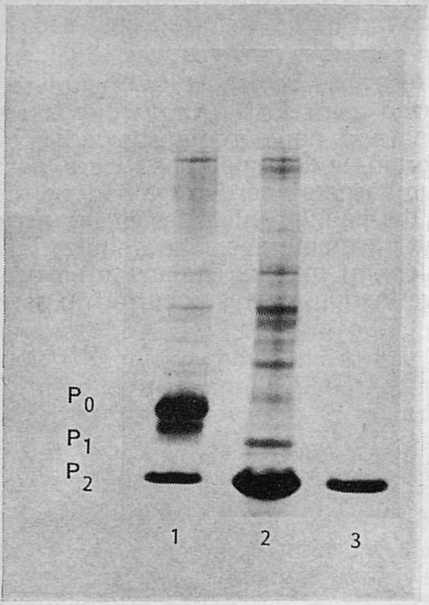


Fig. 3. The proteins present in soluble extracts of myelin supported by polyacrylamide gel electrophoresis. 1 — Whole myelin. 2—Acid extract of myelin. 3—Purified P_2 protein. The higher molecular weight proteins are at the top of the gel (after Kadlubowski et al. 1980).

crete bands by polyacrylamide gel electrophoresis (Fig. 3). P_0, a water insoluble glycoprotein molecular weight 28,000, is the major band, comprising 45–65% of the total protein. P_1 is a basic protein, MW 18,000, probably identical to the basic protein of CNS myelin which produces EAE. Interest has centred on P_2, an entirely different basic protein MW 15,000, as the possible neuritogen. It has been purified and was thought to be specific for the peripheral nerves, although small amounts are now known to be present in the spinal cord. Attempts to produce EAN in rabbits and guinea pigs with P_2 had been unsuccessful. By eliminating a delipidation step from the extraction procedure, we obtained a preparation of P_2 which was highly neuritogenic *(Kadulbowski, Hughes and Gregson 1980)*.

This model has permitted investigation of the immune mechanism of EAN. If animals are immunised with myelin, delayed hypersensitivity skin tests to P_2 become positive on day 10, neurological signs develop on day 12 and antibodies to P_2 on day 12–14. The skin tests rapidly diminish but the antibodies persist (Fig. 4). The disease can be transferred with lymph node cells but not serum, for reasons which are not yet clear. The time at which the cells are taken is critical. Cells from animals immunised nine days earlier will transfer EAN, but those from rats immunised 21 days earlier will not. Since antibody cannot be detected in the serum of rats with disease transferred by cells, it is probable that EAN is cell-mediated *(Hughes, Kadlubowski, Gray and Leibowitz 1981)*. In the analogous disease of the central nervous system, EAE, the importance of cell-mediated immunity has been proved more rigorously by showing that the disease can be produced in B-cell but not T-cell depleted rats.

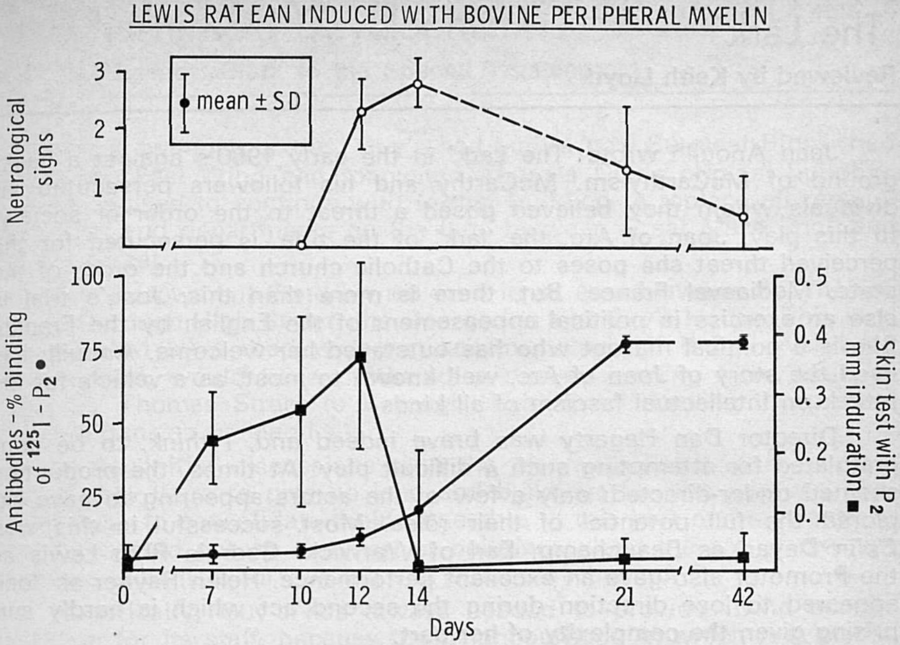


Fig. 4. Inbred Lewis rats were immunised with 2.5mg bovine intradural nerve root myelin. Antibodies were assayed by measuring the percentage of 2 ng ^{125} I P_2 precipitated by 50 μl of serum diluted 1/10. Skin tests were measured with skin calipers 24 hours after intradermal injection of 50 μg bovine P_2.

As might be expected of an autoimmune condition, steroid treatment does suppress the development of neurological signs *(Hughes, Kadlubowski and Hufschmidt 1981)*. This modest effect has to be contrasted with the lack of benefit of steroids in human acute polyradiculoneuritis.

Cell-mediated immunity 2. Non-neural antigens

Primary demyelination can be produced in peripheral nerves by a cell-mediated reaction against foreign antigens. Wisniewski and Bloom (1975) immunised guinea-pigs with tubercle bacilli in adjuvant and then injected tuberculin into the sciatic nerves. The consequent tuberculin reaction consisting of lymphocytic and mononuclear cell infiltration was associated with loss of myelin. Demyelination proceeded by means of macrophages stripping myelin lamellae and causing vesicular disintegration just as in EAN. Areas of demyelination were demonstrated in which the axons survived. This histological reaction provided a useful demonstration that demyelination need not be the result of an auto-immune reaction. It can occur as the bystander effect of a cell-mediated reaction directed against a non-myelin antigen. The damage to peripheral nerves in tuberculoid leprosy may be a bystander effect of an immune reaction directed against *M.leprae* antigens in the peripheral nerves.

(To be continued)

'The Lark'

Reviewed by Keith Lloyd

Jean Anouilh wrote 'The Lark' in the early 1950's against a background of McCarthyism. McCarthy and his followers persecuted individuals whom they believed posed a threat to the order of society. In this play, Joan of Arc, the 'lark' of the title, is persecuted for the perceived threat she poses to the Catholic church and the order of the state, Mediaeval France. But, there is more than this; Joan's trial is also an exercise in political appeasement of the English by the French. She is a political mascot who has outstayed her welcome. Anouilh has used the story of Joan of Arc, well known to most, as a vehicle for his attack on intellectual fascism of all kinds.

Director Dan Hegarty was brave indeed and, I think, to be congratulated for attempting such a difficult play. At times, the production seemed under-directed: only a few of the actors appearing to have explored the full potential of their rôles. Most successful in this was Colin Dayan as Beauchamp, Earl of Warwick. Georgie Rhys-Lewis as the Promotor also gave an excellent performance. Helen Rayner as Joan appeared to lose direction during the second act which is hardly surprising given the complexity of her part.

This said, all the leading members of the cast played well off one another. Sometimes, though, I got the feeling that it was Colin and Georgie who were setting the tone of a scene with Neil Deuchar as Cauchon and Simon Haskell the Inquisitor relying on them to take the initiatives.

My other most enduring memories of the production are Peter Jolliffe with a truly memorable codpiece as Robert de Beaudricourt, the archetypal bombastic chauvinist squire, and John Edwards as Charles the Dauphin. John bordered at times on uncontrolled lunacy, but always managed to stay just within the limits even when, on the last night, his throne collapsed. My only criticism of this scene is that it went on rather too long.

The courtroom-like set with the body of the cast as the jury worked well. I felt myself watching the play from the public gallery of a court. To this end, the rather stylized mediaeval costumes also felt right. Jeremy Weinbren's lighting plot was one of the best I have seen in the ballroom, although Joan's prison cell was rather an interesting colour as I remember.

My main reason for not mentioning the whole cast by name is that I cannot accurately recall my impressions of them at the time. What I can say is that *'The Lark'* offered an enjoyable, if sometimes rather heavy, evening's entertainment in the ballroom.

[Mr. Lloyd's original review for the January edition was lost in transit to us, and he has kindly supplied another despite the difficulties alluded to in the final paragraph—Eds.].

The Chesterfield Development

by A. H. Burfoot, Clerk to the Special Trustees

In the swinging sixties, Guy's had built a new Surgical Block, had rebuilt the East Wing and renovated Thomas Guy's original building, and was poised to continue with further building to replace all remaining wards and departments on the land between Great Maze Pond and Weston Street.

The Endowment Fund owned land in an area between St. Thomas Street, Borough High Street, the George Inn and Guy's House. This land was affected by a road widening scheme which, if it had ever been implemented, would have produced a slipway running from half-way along St. Thomas Street to Borough High Street, leaving the present Barclays Bank as an island site.

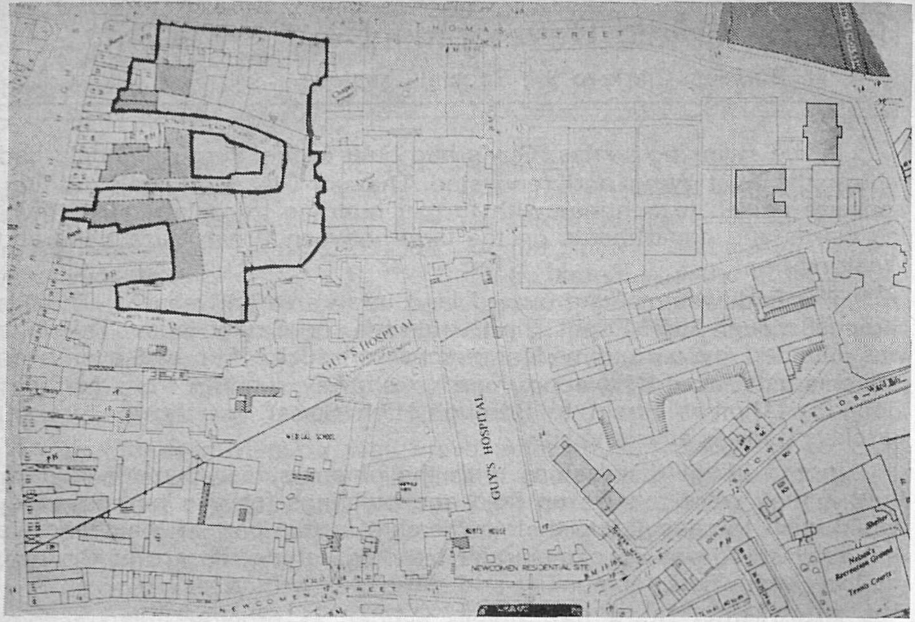
In the initial discussions with the planners, Guy's made it clear that, if they were to give up land and buildings for this purpose, they would wish to consolidate their ownership in this part of their land, so that they could put up commercial buildings along the arc of the new roadway, with flats for nursing and other staff behind.

Historically, Guy's has always needed to provide living accommodation for its staff, because the neighbourhood in which it is placed can provide little, if any, places in which its staff can live. As hours of staff decreased over the years and staff numbers expanded to meet the more complicated demands of present day medicine, flats and hotels in Bayswater, Lancaster Gate and Earls Court were bought or leased to meet the increasing demand for accommodation. These were the nearest areas where suitable homes could be found. The distances involved meant wasted time in travelling, as well as unavoidable expense. The plan to provide flats behind the new roadway was intended to meet an obvious need. The days of wholesale destruction and rebuilding were, however, passing and conservation became the fashionable stance. The idea of the new road was actually scrapped, but Guy's need for new living accommodation remained and increased year by year.

By this time the Endowment Fund, which would have been behind the redevelopment of this area, was heavily committed in assisting the Exchequer to build Guy's Tower, in providing Wolfson House to be let to the Medical School, and in building the Orchard-Lisle swimming pool and Greenwood Theatre. An enormous programme of work in bringing the old Nurses' Home in line with up-to-date needs was well under way.

Against this background of heavy expenditure, it was clear that flats behind the Borough High Street would have to remain a dream until funds became available in years ahead, unless there was a way to provide these at virtually no cost.

Sir Richard Hayward, now a Freeman of the City of London, had started life as a Post Office messenger in the City, and moved to the Borough Office as a counter clerk, later to become a Trade Union Secretary and staff side Secretary to the Civil Service's Whitley Council,



The development site in relation to the Hospital.
(St. Thomas St. Above)

before joining the Post Office Board. He was appointed a Governor of Guy's Hospital in 1949. In 1960, with Dr. Charles Book, he founded *The Friends of Bankside,* whose twelve or so members, all with a common interest in the history of Southwark, were drawn from Guy's Staff and Senior Civil Servants. Among the founder-members were Lord Brock, Tom Hills and my predecessor as Clerk to the Governors, Bertie Lees Read. The friends dined once every three months at The Anchor, later moving to the George Inn, and entertained someone from outside who would talk to them over the coffee.

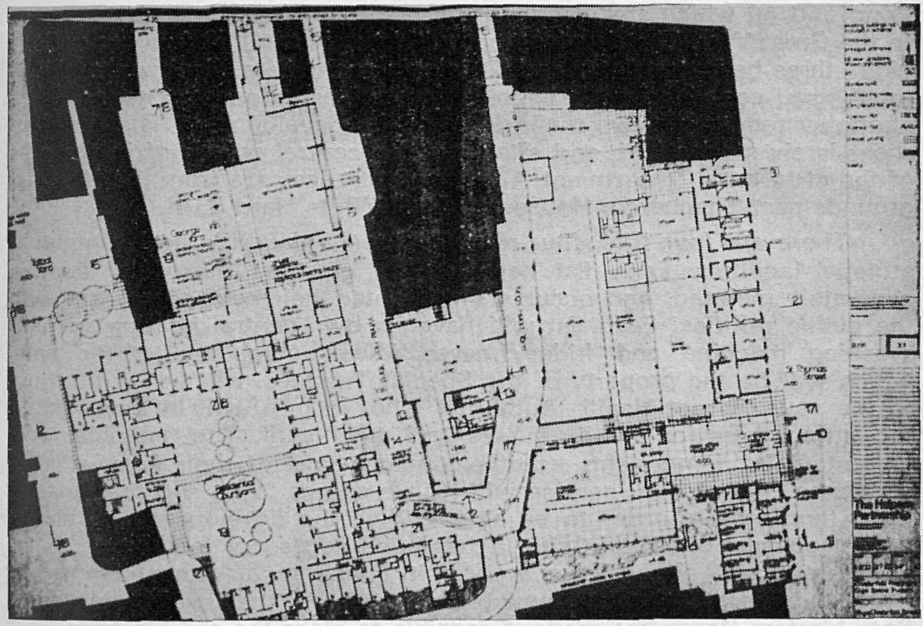
I became a member in the 1970's and one evening sat beside Sam Wanamaker, the American film actor and *impresario,* who was telling the Club of his plans for a new Globe Theatre on the South Bank as well as an idea he had just had of reconstructing the George Inn as it had been many years before, with balconied buildings extending around the two remaining sides of the George Inn Yard.

I was bound to explain that this was Guy's hinterland and that one day we hoped to redevelop the area ourselves, but lacked the ready cash to do this. Swiftly, Sam Wanamaker withdrew his own interest in the area, but offered me a discussion with a friend who was a property developer, in the hope that a bargain might be struck which would meet Guy's residential needs as well as developing the commercial potential of this area.

Many of your readers will know that this was a centre for showrooms in which hop factors showed their wares to brewers and also stored the huge "pockets", which came into London from the hop fields of Kent.

After the war, this trade had virtually ceased and the buildings along White Hart and King's Head Yards progressively became derelict. Obviously a great possibility existed for bringing this area back to life, by providing flats for Guy's staff and offices to relieve the City of what at that time was an office famine. A meeting was arranged and out of it was born an agreement which, in principle, has never changed since it was first outlined in 1971. This was that Chesterfield Properties would undertake a redevelopment scheme to provide something like 150,000 sq. ft. of office accommodation in return for the grant of a building lease from the Endowment Fund and provision of flats for some 350 staff at no cost to the Fund.

There followed many years of patient negotiation with planners and others to achieve a scheme which would preserve all that was architecturally good or historically of interest in this small island of yards, inns, hop warehouses and showrooms, leaving the frontages of St. Thomas Street and the Borough High Street unaffected.



The proposed development in detail:
(Borough High St. Above)

It was soon evident that all the living space which Guy's required could not be accommodated on this site and by agreement with the Department of Health, the Special Trustees bought the site of the old Elizabeth Newcomen School at the corner of Newcomen Street and Crosby Row. Here there was space to build flats and maisonettes for up to 80 or 90 people, so reducing the residential density on the new site to about 280 people. Elizabeth Newcomen House, as it is to be known, will be completed by the end of March and initially will help to accommodate staff displaced from St. Thomas Street and the old Works Department flats by the Chesterfield development.

Only last year was final planning approval granted and a formal agreement reached between the Special Trustees, who by this time had become responsible for the Endowment Fund, and the Development Company. Out of this agreement, a new low-rise office building will be constructed immediately behind the St. Thomas Street houses, so that its presence is not visible to the passer-by and an appropriate entrance will be constructed where the Victorian house (18/20 St. Thomas Street) now stands. Where the Old Pathology Block, Old Dental Department, Sophie's Hostel and the old Works Department were, will be built a quadrangle of six-storey flats and maisonettes, with a courtyard opening into the Park. At the entrance will be re-sited the War Memorial Arch which once spanned the gateway from Guy's into Great Maze Pond and on which are inscribed the names of Guy's men who served in the Great War. The development will have in total 58 four-room flats, eight three-bedroom flats, and 21 single room flats. Each unit will be totally self-contained with its own front door, connected to an entry phone system at the two main doors of the development. The development is six stories high and sited round a central courtyard in the area of the old Dental Department. The main entrances are from the Hospital grounds past Shepherd's House and from White Hard Yard.

There are four lifts, four refuse chutes, a laundry, and communal storage facilities. Each flat has its own gas and electricity supply, separately metered, and occupiers will enter their own agreement with the public utilities. Each flat will have its own central heating system, washing machine and fridge/freezer. When completed, these flats, which will be the property of the Special Trustees, will be let by them to the new District Health Authority, who, in turn, will be responsible for letting them for use by nurses and other staff. The tenancies will give staff the same rights as other tenants have of their flats, except, of course, that if their service with Guy's comes to an end the tenancy must terminate In order to be able to give the development company vacant possession of this site, it has been necessary to rehouse those people who now either live or work in it. Enabling works were started in 1980 and two of these have now been completed; the new Mortuary and Post Mortem Room has made it possible to close the old Mortuary and Post Mortem Room at the side of the old Dental Department. The refurbishment of the Chapel Wing has made it possible for the offices of the Counting House Annexe and buildings facing into King's Head Yard to be vacated. Other minor works have either been completed or are nearing completion to accommodate a number of different small users on the site and the development company has been served notice that the site will be vacant and available to them on the 31st March, 1982.

So that the consulting rooms in Keats' House can be rebuilt by the developing company, temporary consulting rooms are to be built by that company on the land at the foot of the steps, from the pedestrian bridge in St. Thomas Street in front of the Tower. These temporary rooms will continue to be used until the new rooms have been provided on the ground and first floors of a new building behind the present façade of Keats' House, the two floors above being part of the commerical office space. A Private Act of Parliament has been promoted to overcome the problem of the old St. Thomas's burial ground which in years past was reached by the entrance between 18 and 20 St. Thomas Street.

Since building must take place within an area where existing buildings such as the George Inn, the St. Thomas Street houses, Guy's House and the Borough High Street frontage buildings remain, the site will be a most difficult one for a builder to work in and the major entrance will have to be through the demolished Victorian House in St. Thomas Street. It seems likely that the sequence of work will be for the flats on the site of the old Dental Department to be built first and as work is completed, for work nearer to St. Thomas Street to follow.

Planning approval requires that flats must be ready for occupation before the office development can be occupied.

It is too soon to hazard a guess at the total cost of this development, but it will run into many millions of pounds and when completed, in a period which is not likely to be less than 3½ to 4 years, it will provide not only much needed staff accommodation, but also further income to the Endowment Fund which in turn will be applied to medical research and such priority Hospital purposes as the Special Trustees are able to meet.

Dental Society: Student Electives

Reported by Douglas Miller

The Dental Society President, Professor Rowe, was attending a lecture in Stockport and could not be present at this highly entertaining meeting. "Last year's chappie", Mr. A. D. Robinson, introduced the speakers and gave a short introduction, highlighting how the Alfred Rycroft Scholarships for electives came to be. The Alfred Rycroft Scholarships were started in 1971 by the Emmott Foundation. Mrs. Emmott (the daughter of Alfred Rycroft) donated money for this cause in memory of her father.

Martin Geiler was the first of six students to speak. He visited the Far East and chose this site because it was "somewhere different".

The Singapore Dental Faculty was established in 1938. It has been added to since then and is moving to new premises in 1984. It has an outside waiting-room where people gather to have extractions—the patient points to the painful tooth and forceps are then applied. Students have a quota of 80 teeth to remove by the time they take finals! *Having dealt with extractions first, Martin talked about* the Conservative Dental Department. Patients rarely need anaesthetics and generally accept everything done to them without complaint; syringes are not a part of the student's kit and have to be bought separately along with needles and cartridges. The Periodontology Department faces an up-hill struggle, chiefly due to poor patient motivation. The same technical laboratory is used for prosthetics, orthodontics and conservation. The temperature of the lab is over 100°F and there are no fans or air-conditioning (this must help the processing of heat-cured acrylic!). A large proportion of the population in Singapore are Angles Class III occlusions and, to emphasise this point, a slide of a dog's lower jaw was shown with prominent lower canines! ("Fangs" for the memory, Martin.)

Martin managed to see many uncommon pathologies rarely seen in this country, including submucosal fibrosis and syphilis (the latter *probably being attributable to the large number of massage parlours* in the area!).

The audience was treated to some slides of unusual interest. Apparently trees have spirits within them and thus cannot be cut down, so the family who had a tree growing through their roof have problems! The markets there are very busy and not for the faint-hearted because chickens are killed quite openly on the streets. However, alongside the old life-styles, Western influences are noticeable, for example, the term "Big-Mac" is recognised in Singapore—McDonald's have found yet another niche to cultivate.

After one week's rest at the Malaysia *"Club-Mediteranée"* where Martin enjoyed sun, sea and sand, he went to Indonesia. His impressions of Jakarta were that it was densely populated, and dirty, but it had beautiful boats in the harbour. Martin then journeyed to Bali. The natives of Bali are fairly superstitious and build temples—the number of layers of which signifying its importance. Martin included a spectacular shot of a temple standing in the middle of a lake which was itself within the mouth of a volcano. Bali has an elephant cave; if a person has a problem as regards fertility, they can visit this cave and their problems will be automatically solved (as tradition has it), yet most of the people are sceptical enough to visit a doctor beforehand! Martin went to see a couple of Balinese dances and summed these up by saying that one is pleasant but two is one too many. Taxis, which are converted Ford Escort vans, are bartered for and aren't considered full until at least 15 people have struggled to get on or have been dragged on along with assorted bits of shopping and the inevitable chickens.

Martin also visited Bangkok, where he stayed at the Oriental Hotel. This hotel, which is particularly fine, is in marked contrast to the surroundings. The standard of living is generally very poor; large families tend to live in very small houses. Temples are also prevalent in this city, the larger ones being called "wats". A notable wat contains a 5½-ton solid gold Buddha. It is not clear who made it, but around 1400 A.D. it was in danger of being destroyed and was covered in plaster to hide its obvious value. A few hundred years later, while it was being moved, the plaster cracked, revealing the gold underneath, and consequently it is now in a place of honour. Another Buddha, within the confines of the Imperial Palace, is reputed to be composed of a solid block of emerald two feet high; experts, however, believe it is made of jade.

Margaret Foxton went to New Zealand for her elective, courtesy of the Alfred Rycroft Fund. She apologised for the standard of her photography but added that Lord Lichfield was to blame—he was due to help her but unfortunately was called away to photograph a certain wedding which was taking place at St. Paul's Cathedral at the same time. Margaret left London in the summer and took with her nothing but winter clothes.

The long term effects of fluoride in the young patient is being studied at Dunedin where Margaret stayed. Very few extractions are carried out (only 8–10 in an entire studentship). The dental block has no out-patient general anaesthetic facilities, in fact the establishment at Dunedin is small and, as a consequence, the equipment and variety of dental treatment offered is limited.

The atmosphere at Dunedin is very relaxed, the students wear blue jackets and Margaret certainly enjoyed herself. She extracted her quota of teeth while attached to the Oral Surgery Department, and she noted that in the Orthodontics Department, more fixed than removable appliances were used.

Up to the age of 16, children are treated free, the fees of the dentist being paid by the government. In 1976, the average child had 3.33 fillings; this figure in 1980 decreased to 1.53 fillings (the population has been stable for the past seven years). These are obviously excellent figures, due in part to good patient attitudes towards oral hygiene and of course attributable to the fluoride regime.

New Zealand has volcanos, some of which are still active. The land is prone to earthquakes and, even though it can be very cold in winter, central heating is never installed in buildings.

Debbie Flanagan and Judith Jenkins presented their talk jointly. They went to Louisiana State Dental School for four weeks and did a week's touring. They initially spoke of their trip to New Orleans. New Orleans is famous for its Dixie-land jazz. The term "Dixie" was coined from the French term for a $10 bill (dix). The city was founded by a Scotsman and named after the then Prince Regent, the *"Duc d' Orleans"*.

The Dental School is situated outside New Orleans. It has an intake of 50 students per year—each of whom has studied for three years previously and already has a university degree. The students are *very* friendly said Debbie, and Judith reiterated this by saying she "couldn't express how friendly they were"!

Royal Wedding fever struck in New Orleans with vengeance—all the students were up at 3 a.m. to see Prince Charles and Lady Diana (and presumably to see how Lord Lichfield took his pictures). That same morning at 8.30 a.m., Debbie and Judith practised "C.P.R." —cardio pulmonary resuscitation, on a dummy aptly named "resuscitannie". Interestingly, dentists can't practise without a C.P.R. certificate.

The hospital attached to the dental school is for those people too poor to be able to afford insurance, and for prisoners. The hospital is very modern and has 6,000 beds. Prisoners when treated were handcuffed to guards either side. The state of security at the hospital is such that passes are needed to get out of the building! Patients aren't interested in saving their teeth, and Debbie and Judith were often told to "Pull 'em out, honey".

V.M.K. bonded porcelain is popular in the States. Negroes prefer to have gold but the Caucasians opt for V.M.K. work. Within the hospital, the patients still have to pay towards treatment. A bridge, for example, is $540 and would be much more expensive elsewhere.

Both Judith and Debbie were struck by the marvellous welcome accorded to visiting students at the Louisiana State Dental School.

Tim Biddle visited Indiana (near Grand Rapids). He interspersed his talk with some beautiful photos of the local flora and fauna. The first slide was of a swallow-tail butterfly which had had a lucky escape; part of its wing had been severed by the beak of a Cardinal bird, native to that area.

Tim encountered a language problem in Indianapolis; one should never call alcoholic negroes "old-boy". Fortunately, a bus arrived to whisk Tim away from a "close encounter of the unpleasant kind"! This was not the last of Tim's problems; at the Dental School, the teeth *in situ* are numbered 1-32, and the terminology in prosthetics was difficult to grasp. Rather than struggle with the explanations of these terms, it was decided that Tim should be shown round the school, much to his relief!

In the Oral Diagnosis Department. (P.T.U.), Tim realised that dental students in Indiana are also taught basic accountancy for not only are gingival pocket sizes assessed but also the financial variety too! Once a patient has passed this stage, he is placed on the waiting list. Students are assigned patients such that they do a complete treatment from start to finish. Valium isn't used very much, but Pethidine is used in surgicals. A lot of the treatment is done with a rubber dam applied to the patient's mouth. Cavities are cut without a water-coolant, but there are few, if any, complaints of pulpitis the following day. There is a free-range dental clinic for children, it has a playschool-like atmosphere and tends to lower the anxiety of the children there. X-ray precautions are virtually non-existent; everyone gets a liberal dose! If a child is naughty, a simple method of remedying the situation is to strap the subject into a dental straight-jacket, there are several sizes, to choose from and threshing is quickly aborted by this solution. Provided children maintain good oral hygiene, an excellent incentive scheme exists, they are entitled to a free McDonald's hamburger!

Tim next went to a town called Lynton and visited the practise of a Dr. Broshean. It is a six-chair 'office' with two hygienists in attendance. Nitrous oxide is used entirely in the practise, and Dr. Broshean was fortunate enough to have the services of a certain Dr. Biddle from England who practised there for a time.

The Indiana immobiliser.

Tim obtained an elective grant from the Dental Society, this being largely due to Emma Rogers' exhaustive efforts on the committee last year.

Last, but certainly not least, was Peter Robinson's talk. He went to the University of British Columbia in Vancouver for 5 weeks on an Alfred Rycroft award.

The Dental School itself was very new and run largely by a British staff, including a Scottish Dean. Again, it was stressed that students undertake a complete treatment for a patient, but the students have less clinical experience there than they do at Guy's. Pete was assigned to the Periodontal and Oral Biology Department, where he studied the epithelial rest of malassez—it is thought that pocket formation is brought about by these rests.

Peter stated that Canadians are proud of their nationality, but they are very similar to Americans as regards rate of consumption and greed; they use more energy per capital than any other people. Their houses are huge and the cars of an inferior design aerodynamically making them gas-guzzlers. Pete derided the Canadians further by saying that their art-appreciation is learnt parrot fashion, without any real understanding of the work involved, Nevertheless, he summed up the Canadians as "not a bad bunch of people".

Pupils' Physical Society

The last meeting in 1981 of the Pupils' Physical Society was held on December 15th in the Gordon Museum. Two papers were presented:

William Rosenberg gave a talk entitled "Night rigors and malaise" which dealt with liver abscesses and *Streptococcus milleri* infections. He began by presenting the case history of a patient who came under the care of both Prof. Lessof and Prof. McColl.

Mr. S. W. presented with a 25 year history of night rigors and malaise. When he was seen by Professor Lessof, he was found to have a liver abscess and a right-sided empyema, both of which were subsequently drained by Professor McColl. The infecting organism was identified as *Streptococcus milleri.*

Bill devoted the rest of his talk to an account of the characteristics, diagnosis and treatment of *Strep. milleri* infections and, in particular, liver abscesses.

Neil Slater gave an erudite talk on the subject of "Insulin Resistance", punctuated with wisecracks, one of which made the audience laugh. He presented two abbreviated histories of insulin-resitant diabetics from the Lessof-Keen firm and discussed their management, emphasizing the disruption to the quality of life of the patient, and the large work load they represent for house-physicians.

He discussed theories of insulin resistance in obesity, (where the concentration of insulin receptors falls), non-insulin dependent diabetes mellitus, and rare forms of insulin resistance associated with receptor anti-bodies (analogous to Graves' disease) and high levels of an insulinase.

The talk provoked comment from Dr. Hicks on the subject of hormonal regulation of receptor concentration and from Dr. Cerio on one of the cases mentioned. Thanks are due to Dr. Pickup for providing the most recent thinking on the subject.

William van't Hoff.

The Bore Report

Schuldigger impostor shock horror! Who is this Antipodean mountebank who pretends blood relationship to the Bores? A complete fabrication—as was the insinuation that I was drinking Watney's (perish the thought!) at an inn called The Green Dragon, since neither exist in Hong Kong. Apologies to all my devoted readers for the lapse.

Talking of Hong Kong, the Editor informs me of a street in Wanchai called Jaffe Road. Congratulations to the lady of the 22nd floor—she joins a select group of Guy's people including Arbuthnot Lane! But why is the road in the district it is?

Could it be fame at last for Guy's? "*Not the 9 o'clock News*" seems to have inside information . . . . remember their sketch about hospital beds? Recently two *vignettes* include a scene with a run-down bronchitic coughing and hawking for some minutes, followed by a telephone ringing. Our hero answers, saying "Hello, Guy's Hospital." The students also got flak: years of research by students at Guy's finally results in the invention of a telephone for deaf people which lights up when the 'phone rings They can then answer it . . . . although some seem to have difficulty on hearing the caller. Good idea for the "Thinking on Feet", eh?

One noticed the success of this year's Charities' Week (which lasted ten days!) The organisers deserve great praise for their efforts, and it would be unkind to comment on how tired and unemotional they looked after the end of their labours.

Is it true that two former social secs and three former bar secretaries managed to lock themselves into Boland House recently? How did they explain to the security guards who saw these five suspicious looking gents escaping via the toilet window?

How appropriate that the recent visitor to the Dental School had a noticable tilt to the left.

CND obviously has not reached the traps in floor 24 where some cynic suggests *'Don't ban the bomb, just drop one here'*—or could this mean something else?

Women nowadays are getting into very interesting positions *(vis à vis* the the Clubs' Union, of course). We have had women Presidents before, but surely Anne is breaking new ground as a lady Bar Secretary. We wish her well—but what is happening to the glasses?

Eugene Bore

Nursing

Continuous Assessment of Practical Nursing

Nursing is still some way from abolishing examinations, but the practical work of nurses in training has, at Guy's, been continuously assessed since 1978.

Until this time, in order to become registered or enrolled, each nurse was required to take four practical examinations in the ward. These were formal and conducted by ward sisters, nursing officers and tutors, who were recognised as State Examiners by the General Nursing Council.

A working party consisting of education and service members was set up to explore the possibilities of continuous assessment of practical work. Aims were defined: firstly, to keep each student informed of her progress, and to enable her to identify her strength and weakness. Secondly, to enable nursing standards to be judged over a period of time and not on once only performances. Vital to its success was the use of an acceptable form, and following a trial period in which a variety of forms were used in certain wards, there was agreement on the one which seemed the most suitable.

The working party agreed on the instructions, on the use of the form, which were to be given to students and assessors. On the minimal acceptable criteria for each year of training, such as during the first year of training, a minimum of eleven stated items needed to be assessed on each ward, using grades A to D. In each subsequent year of training, additional items were required to be assessed. These comprised the comprehension of verbal instructions from a senior nurse;

the response to, and ability to perform the patients' requests for attention; and the accurate observation and recording of the physical state of the patient. One section required the nurse's performance to be assessed as safe or unsafe, as in the administration of medicines.

Discussions took place in the wards with the assessors, who were trained nurses and had worked with the student for a mutually acceptable period of time. The main concern was that this would take up a great deal of time, and less experienced staff voiced anxieties about being able to interpret the grades.

The nurses in training were instructed in the use of the form by tutorial staff, and the purpose and importance of continuous assessment explained. They were told that it was their responsibility to ask an assessor to grade the required items, and that they needed three assessments as well as a final grading from their sister. They would be given two weeks to settle into a ward before being assessed. Those nurses who were half-way through their training and who had completed two of the ward based practical examinations were asked to sign an amendment to their contracts, agreeing to the change. There was some opposition, but most nurses were enthusiastic and welcomed the idea of not having to suffer the anxieties of a formal examination. Some areas were unable to use the agreed form, due to being specialised, e.g. psychiatry, obstetrics, community, operating theatre, so they devised their own method. Permission for continuous assessment was granted by the General Nursing Council, and on 5th June, 1978, Guy's became the first hospital to implement this form of assessment for student nurses. Permission was later granted for pupil nurses.

It was agreed that there should be a trial period of a year, at the end of which time, comments would be invited from learners, assessors and tutors on advantages and disadvantages. At the end of the year, following receipt of the comments, more guidelines were given to assessors, and "clinics" started, where a member of the tutorial staff was available to answer questions. When the comments were analysed, it became apparent that a different form would be needed, so the working party decided to make alterations. One of the main difficulties lay in the interpretation of the grades, so that instead of these, statements relating to an item were felt to be of more value. Also, each assessor was given a separate sheet on which to indicate her assessment, so that the previous assessor's interpretation and comments could not be seen.

This amended form is now in use, and the comments are favourable. The assessors, particularly those who are recently qualified, are thankful they do not have to grade a learner's performance in an aspect of nursing care, and the learners feel that they have a better idea of their strengths and weaknesses. In order to help assessors, two day modules on teaching and assessing are held regularly in the School of Nursing. Finally, from a tutor's point of view, continuous assessment has created a better tutor/learner link, the student or pupil nurse must present her completed form to her tutor before she receives the next one. At this point, praise can be given, any problems discussed and advice offered.

Susan Montgomery,
Senior Nurse Tutor.

Physiotherapy

The D.H.S.S. has published a consultative document dealing with protection of professional title and closure of the professions supplementary to medicine and speech therapy. An attempt was made recently by means of a private members' bill to "close" chiropody, and although it failed for lack of government support, it would seem to have persuaded the Department to look again at the P.S.M. Act and see if it can be amended in such a way as to meet the urgings of the paramedical professions, without being excessively restrictive.

A distinction is drawn between indicative closure and functional closure. The latter—which is seen by some as the only sure way in which the public can be protected from the unqualified practitioner—would prevent anyone from practising a technique forming part of the procedures carried out by a given profession, unless that person were currently on the national register. Taken to the point of absurdity, it could be held to mean that only state registered physiotherapists could provide the treatment in a massage-parlour, and that there would have to be a state-registered remedial gymnast on the staff, if corrective exercises were to be on the tariff.

Indicative closure, on the other hand, implies protection of title so that, in our case, only those properly registered with the C.P.S.M. would be able to call themselves physiotherapists. As things presently stand, anyone can use that designation as long as they do not try to gain employment as such in the N.H.S. For this purpose, state registration is essential, and each year District physiotherapists are required to see proof—in the form of a retention certificate—that their staff are still on the register. But to work outside, no such requirement exists and the public are unprotected in as much as the private practitioner claiming to be a physiotherapist, for example, could be completely untrained and incompetent. This, obviously, could reflect on the general regard in which the profession is held and it would be hypocritical to pretend that we do not have any selfish interest in these new proposals. That this point is well taken by the authors of the consultative document is apparent in the text, where arguments ostensibly in favour of closure are as often capable of interpretation as being against it.

The possible lack of flexibility and narrowing of scope that could follow on from functional closure are of legitimate concern, and we would not wish to become involved in demarcation disputes with our colleagues, but to claim that the present virtue is that we are not inhibited from development of our scope to meet emerging needs, is perhaps a little naive.

Indicative closure is seen as an acceptable means whereby the public may distinguish between registered and unregistered practitioners, and would appear to have tacit D.H.S.S. approval, if—and it is a big "if"—parliamentary time were ever to be found for the amending legislation. We would, of course, come up against the "grandfather" clause in that we would have to allow on the register those presently not registrable who could show that they earned their living by practising. The need for "top-up" training for some of these people is referred to, together with a rather disturbing remark about future unqualified staff who, having completed a less demanding course, might be able, similarly, to be topped up. Grandfathers are one thing, successive generations another entirely, and it is to be hoped that this suggestion will be opposed.

R. J. Cooper.

Book Reviews

"Using Child Psychiatry", by D. Steinberg, 1st edition. Pp. 204. Price £1.95. Published by Teach Yourself Books.

This is a most unusual book and in many ways rather specialised. Dr. Steinberg writes as much about what child psychiatry can't do as what it can do. Although the book is likely to be more useful for those who regularly consider referring cases to a child psychiatry service, clinical trainees will also gain considerable insight into the complex issues of this field.

A practical and thoughtful book which is easy to read and pocket size, it should not be regarded as a text book covering all aspects of child psychiatry.

I would recommend it to anyone who has or plans to have a working relationship with child psychiatrists.

J. B. PEARCE,
Consultant Child Psychiatrist.

"Practical Procedures in Clinical Medicine" by Michael J. Ford & John F. Munro. Pp. 116. Price £4.25. Published by Churchill Livingstone.

This little book was written to help senior medical students, house officers and registrars perform practical procedures 'safely with the minimum discomfort to patients'. A wide variety of procedures, from venous blood sampling to pericardial aspiration, are described, with the aid of simple and clearly drawn illustrations. By and large, the text is accurate and the diagrams helpful, and obviously this points to the wide experience of the authors. Useful checklists of indications and contra-indications for each procedure are given. Particularly useful are the sections dealing with aftercare and complications.

The authors say in their preface that their book should be regarded as 'no more than a handbook to read before a procedure is undertaken . . . and should never replace close medical supervision'. No-one should undertake any of the procedures in this book without being taught first by a more experienced colleague. It is after this period that the book will serve as an accurate and useful revision aid.

JOHN PRIOR,
Senior Registrar,
Thoracic & General Medicine.

"Development of Hearing", by Sybil Yeates. 1st edn. Pp. 237. Price £7.95. Published by M.T.P. Press Ltd.

This book is the second in a series entitled Studies in Developmental Paediatrics. As such, the enforced title of the present volume is slightly misleading as it deals mainly with the pathology, diagnosis and treatment of deafness in children. I hope this does not deter any potential readers because this is certainly an excellent book by a true expert in the field. It is written in such a strikingly clear and interesting way that it will be valuable and enjoyable for readers from many different backgrounds. Anyone concerned with the management of children will find this a most informative and sensitively written text. I can unreservedly recommend this book to individual readers and to all medical libraries.

JOHN HIBBERT,
Consultant E.N.T. Surgeon

Correspondence

Mr. Stephen Duckworth

Dear Sirs,

I thought I'd better try to type a letter to thank you for the money that was collected down the bar one night for my birthday. Believe it or not you poor overdrawn students managed to get £55 together. Rose and I are spending it on video films: we hire about two a week.

I type using a metal rod strapped to a splint in my right palm, and get the positional movement using my shoulder muscles, biceps and deltoid. I will be starting writing soon and hope to get an electric wheelchair, which I will be able to control with a joystick.

I hope the rugby is going well after the long lay off: it must be like starting a new season, fitness wise. I look in the paper every Sunday for the results, and saw you beat Mary's the other week. I hope the rest of the teams are doing their own thing as usual.

I'll be getting a van soon to get around in and hope to call in down the bar in a month or so, as long as I have no further set-backs. Since I got into my chair eight weeks ago for the first time I've had a few problems: a DVT in my left leg, which means Warfarin for six months (i.e. no beer?), pressure sores, and now an ingrowing toe nail.

Well they say things happen in threes, so hopefully this will be my lot. Everything is going well now and I spent the weekend at home which is a fifteen minute push from here. I have been getting a small amount of finger and thumb movement back in my right hand, which seems to be slowly improving which is a good sign. Anyway hope to see you soon.

Yours,

STEVE

Ward 2X,
Stoke Mandeville Hospital,
Aylesbury,
Bucks.

Mr. L. Lockton

Dear Sirs,

I should be grateful if you would allow me to use your columns to thank all those who so generously contributed to my retirement gift and who wrote such kind wishes in the Booklet which was presented to me when I left.

I shall retain many happy memories both of my years at the Medical School and of all those it has been my privilege and pleasure to meet and work with during those 32 years.

Yours,

LESLIE LOCKTON.

c/o Medical School Accounts,
Guy's Hospital

O. Gayer Morgan

Dear Sirs,

I would like to add to the excellent obituary on O. Gayer Morgan.

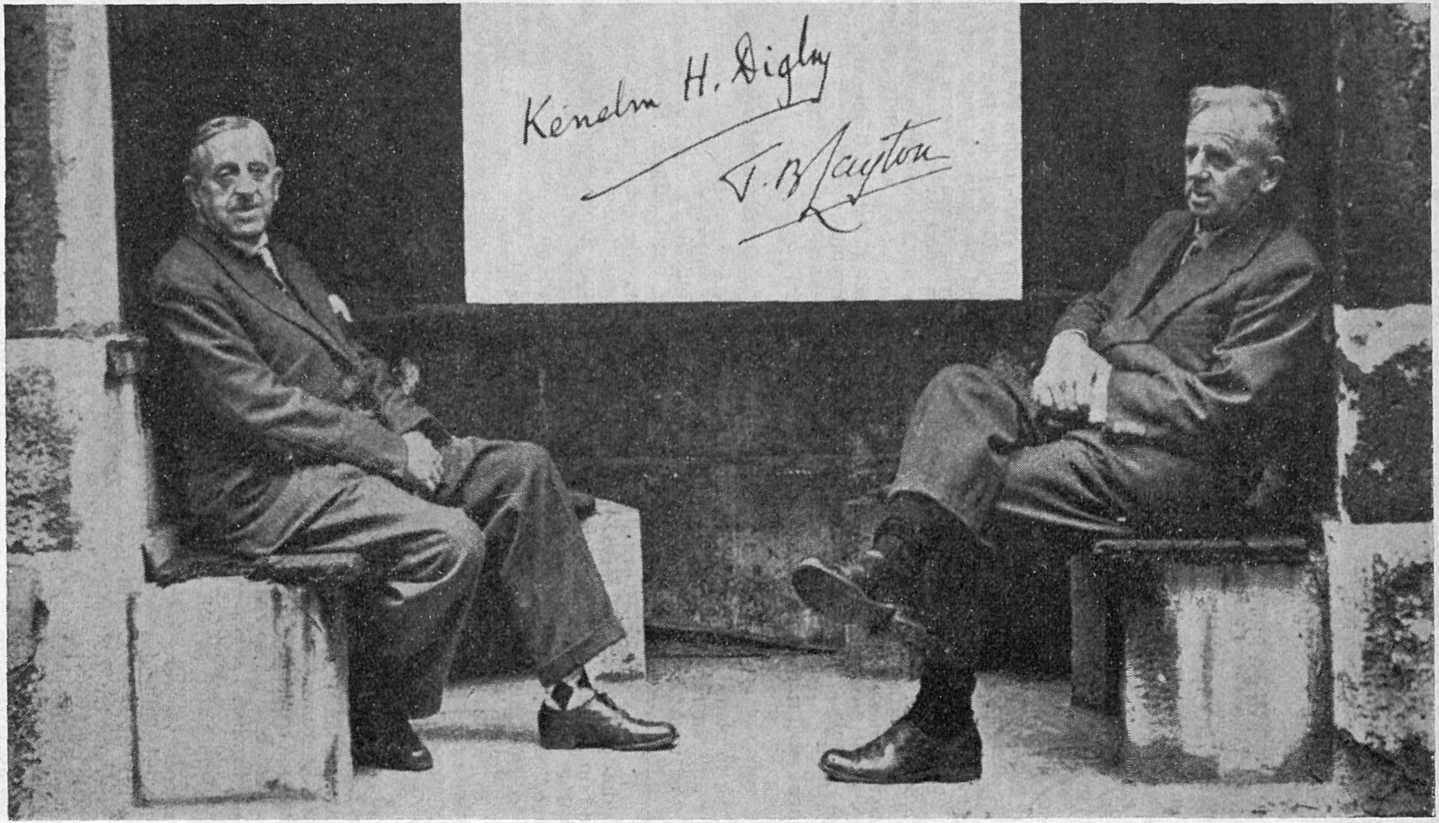
During his time at the Duchess of Sutherland Hospital he worked with Saner and Schlesinger on the use of hypochlorite (Dakin's Solution). They combined on a paper (British Journal of Surgery 1918: "Some Aspects of the Treatment of Infected War Wounds") which was undoubtedly the best article on the subject during that period. Their insight into the requirements for healing and the reasons for using hypochlorite was deeper than with any other writer on the subject. Unfortunately the whole of the literature on the use of hypochlorite during the 1914–18 War has been forgotten, and is only just now coming to light. I would strongly recommend to the students and staff that they read this splendid paper.

May I add to the tributes to Gayer Morgan, to whom I was most grateful.

Yours sincerely,

JOHN BUNYAN

Seafield,
19 The Beach,
Walmer,
Deal,
Kent.



Kenelm H. Digby
T. B. Layton

K. H. Digby

Dear Sirs,

Dr. Roger Parker's letter in the Gazette of the 30th May, 1981, prompted me to re-examine the photograph in the *Gazette* of the 28th February. I strongly suspect that the last man on the right of the back row is K. H Digby. I am enclosing a copy of a photograph of T. B. Layton and K. H. Digby when they met some 40 years later and which was printed in the *Gazette*. I must be one of very few Guy's men to have fallen under the spell of both these remarkable teachers. They had something in common which is hard to define. They left an indelible impression on a young and receptive mind which is still present today. Those who remember "Tubby" Layton will know what I mean.

Yours sincerely,

O. L. THOMAS.

"Grosefield",
29 Grose Street,
North Parramatta,
N.S.W., Australia.

Thames Flood Contingency Plan

Dear Sirs,

I must take issue with the writer of the January *Passim* who rebukes our Administration for issuing the circular setting out the Thames flood contingency plan for the Hospital. I would not support the proposals for the disposal of sewage, but I asked for a flood plan to be issued more than a year ago and, while I deplore the delay, I consider its publication even at this stage desirable. Others appear to be of a similar mind for, in the week before I took up my pen to write this letter, Parliament announced the alternative venues for sitting in the event of a flood.

The *Passim* statement that "in the sixty years or so since the last flood, Guy's has had no such plan", infers that the present flood risk can be gauged from that previous experience, and that it is, therefore, low. That is quite wrong. As each year has passed the risk has increased and it is now considerable. To put it in perspective, the chances of the Thames flooding even now before the barrier is complete are about the same as an individual household being burgled. The ever increasing risk is the consequence of the tilting of Britain on an East-West axis resulting in the dipping of the South East, a continuing rise in sea level, an increase in the tidal range of the Thames caused by dredging, and the construction of downstream flood defences which funnel the tidal flow.

Flooding of the Thames estuary last occurred not 60 years ago, but in 1953 when 300 people died in the Estuary and East coast areas.

If the banks of the Thames in London were overtopped by even one inch the effect would be catastrophic. About 45 square miles of Central London are below the flood level and more than one and a quarter million people are at risk. Hundreds of them might die. Eighteen hospitals are in the flood zone and ours in one of them. Gas, electricity and water supplies would be cut off and after a severe flood it could be a year before the London Underground became operational again. At the time of the flood, as thousands of frightened people attempted to escape a little knowledge of what was expected of them might save their lives. That derided circular, late as it was, could provide them with that knowledge.

Yours faithfully,

N. A. SIMMONS, FRCPath.
Consultant Clinical Microbiologist.

64 Ladbrooke Drive,
Potters Bar,
Herts.

Dear Sirs,

I was fascinated to read of your exposé of the various District Circulars issued by your local Health District Politburo, in particular the issue of the Thames Flood Contingency Plan.

You will be aware, no doubt, that the whole of Whitehall is buzzing with similar directive documents to the extent that such a vast investment has been made in these priceless pieces of education that work has ceased on the Thames Barrier for lack of public money.

You may be interested to read a short insert which appeared recently in the press:

THE Thames is more likely to burst its banks this week than at any other time in the past decade. Panic meetings have been held at Westminster to draw up contingency plans in case the Commons Chamber is suddenly converted into a water polo pitch.

If flooding occurs when the House is not sitting, Members will congregate instead at the Connaught Rooms in Holborn. But even in this eventuality, *a limited number of staff are being asked to report to Westminster – presumably by London Transport's canoe service. The circular naming those involved has been nicknamed the "Drowning List" or the "Titanic Party".*

Backbiter also hears that an outboard motor has been urgently acquired to ferry the Speaker safely away from his apartments next to Big Ben – up Whitehall to the Connaught Rooms, presumably.

Returning once more to the District Circulars (what an appropriate name, since circular implies pointless!), I was surprised that our noble bureaucrats did not think to include an important recommendation regarding an alternative source of lavatory paper, should endogenous supplies run out as a result of the flood. I also liked their use of the word 'solution' with regard to sewage disposal: 'colloid' would, I think, be more descriptive.

Yours faithfully,
DAVID RAMPTON.

"Noblesse Oblige",
Upton Snodsbury,
Worcestershire.

Cartoon Complaint

Dear Sirs,

I would like to congratulate Chris Head, Lawrence Maule, and the rest of the Charities Week committee on their hard work and ingenuity in preparing such a varied menu of Nuts for us during the Metric Nut Week.

Once again, though the organisers must have felt as if they were banging their collective heads against a brick wall, apathy revealing itself, not only *among the students,* but also in the higher *échelons,* I refer to the Cartoon Auction which despite being previewed in some detail in the January *Gazette,* and held at a time normally reserved for the Staff Round (also in the Anatomy Theatre) attracted a disappointingly meagre number of consultants and other medical staff.

The bidding by those present was spirited and generous, but what a pity that more staff did not attend to help swell the coffers and show their support for those responsible for organising the student activities at Guy's.

Yours faithfully,
SIMON WARD

Sport

Returned from Bangkok in the Far East, I thought that the readers would be interested to know of the sports facilities available in Thailand. *(Misguidedly—eds!)*

Although a developing country, the vast majority of the population live a very primitive lifestyle in the many miles of countryside. The small proportion of the population who live in Bangkok who also fall into the category of upper middle or upper classes have many of the sports facilities offered in the west—the most popular of which are tennis, volleyball and badminton.

During my stay I saw a South East Asian Rugby tournament which was being held over five days. The games were played with a great deal of enthusiasm, but with little team organisation The man who happened to hold the ball would make the shortest route to the opposition's goal line.

I also watched a touring cricket side from England (a side called Romany C.C., who *used* to be on Guy's fixture list) play a series of three games, of which they won two fairly comfortably, while the third was a draw.

The Royal Bangkok sports' club also offered the facility of a horse racing track which enable the Thai people to participate in one of their favourite pastimes of gambling. The same sports club was a beautiful haven in the steamy metropolis of Bangkok offering a very wide range of sports facilities from golf to swimming to snooker.

On the beautiful beaches around the coast, particularly in the south, wind surfing has become a very popular sport and recently the South East Asian championship was won by a Thai surfer. Although fascinated by this sport, I decided that the prevailing weather conditions would have made an introduction a very hazardous affair.

The one consolation of my absence from the Guy's sports' scene seems to be that many of the league fixtures have been postponed by the rather inclement weather over the Christmas period

—which I fortunately spent basking in glorious sunshine.

However, it is nice to see that sport is still active and that some people do actively participate in regular athletic activity, the most recent of which is a timely revival of the water polo club.

ALEX WILLIAMS.

RUGBY FOOTBALL

5.12.81 Guy's 0 Havant 7 at Havant
28.11.81 Guy's 10 Mountain Ash 18 HOP
21.11.81 Guy's 13 OMT's 6—HOP

The games played on 21.11.81 against Old Merchant Taylor's and 5.12.81 against Havant are, I fear, only reported in passing. Regrettably, affairs of state and a debilitating injury prevented my attendance at these two games where Guy's won the former by 13 points to 6 and lost the latter by 7 points to nil.

Against Mountain Ash Guy's put up a creditable performance, taking an early lead of 6 points through Mike Bundy. Mountain Ash riposted in like manner and the score line was tied at 6–6 at half time. Soon after re-starting, the cruel viscissitudes of fate took a hand and a speculative high kick from the Mountain Ash full back bounced amongst three Guy's players and rebounded into the arms of the Mountain Ash winger, who lost no time in transferring the ball across the try line.

Guy's definitely wilted at this stage and surrendered territorial advantage to the visitors. One or two hasty moments and injudicious application of disciplinary measures gave the vistors 6 more points by way of penalties and the game seemed over. Guy's however bestirred themselves at this juncture and drove up into the opposition's 22 metre area. A period of sustained pressure finally saw Richard Docker somehow making enough space for himself from a 5 metre scrummage to score a well earned try.

Unfortunately, hard as they tried, Guy's were unable to reduce the deficit further and the game finished at 18–10. A historic return to first team rugby was made by Redvers Cording who stepped in at loose head prop at very short notice. His efforts were much appreciated, though some spirits did also mention that he upped the average of the side by five years a man.

Team: P. Reynolds, H. Williams, A. Girling, N. Slater, D. Maggs, M. Bundy, R. Docker, M. King, S. F. Mihill, J. A. Brazier, N. Roberts, B. G. Keevil (capt.), R. Cording, S. Hamilton, I. A. Neil.

Word has reached me that several long serving members of the club continue to soldier on this season. Chris Howell celebrates his silver anniversary with Guy's, Red Cording his 11th and Terry Gibson evaded the issue. Thank you gentlemen: your efforts in maintaining cohesion and tradition in the club are much appreciated.

I had hoped to bring to light a number of player profiles: however when I revealed the names of the players to be profiled counter-offers flowed in of such a lucrative nature that I have been compelled to suppress the article whilst my solicitors consider the issue.

B. G. KEEVIL—Captain and leader of men a legendary figure and a Captain of Guy's for the second time. A lisson 18½ stone he still shows great speed on occasion, generally when eating, and has done much to infuse players with his considerable sense of support for the club. Rumours abound that his nuptials are impending though he refuses to be drawn upon the subject.

W. "Porky" HOGAN—2nd XV Captain and erstwhile maniac depressive until the last fortnight, when the 2nd XV recorded their first victories. A descendant of the Race of Kings, he has increased in stature to such a degree that he has had to cease his antics in the centre and settle for the quiet life of a flank forward. His unrelenting efforts to turn out a 2nd XV are finally bearing fruit and he is to be congratulated on maintaining his enthusiasm in the face of much adversity.

MICK MARTIN—A prince among men and a giant amongst dwarves. He too has been one of the great bastions of the club (I think that is what the 3rd XV called him). By using a mixture of cajolery, beer, threats, beer, moral blackmail, beer and huge strength of character Mick has managed to field a number of sides for Saturday and Sunday games where many a lesser mortal would have given up.

ANDY GIRLING—Fixture secretary and very *parfait genteel knight*—a throwback to Camelot. Andy epitomises romantic idealism at its best; probably just as well, since the fixture secretary's job is another that has driven many a weaker man to drink. A fine player (he seems to be the only one to doubt it), but maybe his magnificent try against Osterley will do something for his confidence.

Jaky.

BADMINTON

Guy's Hospital Badminton Club have qualified for the final of the University of London knock-out competition. In the semi-finals, Guy's beat Queen Elizabeth College nine rubbers to two.

A total of eleven rubbers are played of which three men's doubles, three are ladies' doubles, three are mixed doubles, one men's singles and one ladies' singles.

John Tung, our new recruit, did well in the singles to win by 15–9, 14–18, 15-2 in a thrilling 55 minute game. John Rogers, a proven captain, also did well by winning all his mixed doubles games. On the whole, the spirits of the team were high.

In the final to be held on 27th Feb. 1982, Guy's meet Imperial College.

The players:
Sunil Kakkad, Linda Cosner, John Rogers, Jane Gott, John Tung, Christine Davies, Andrew Lee, Janet Singleton.

ROWING

The University of London Regatta 1981

The University of London Allam Cup Regatta was once again cunningly scheduled for the day after the Snowflake Ball—28th November. Although in past years Guy's crews have turned in some fine rows in similar circumstances, this time the effects of the Snowflake combined with some unfortunate status rankings were enough to put paid to our efforts.

The Novice crews were particularly affected by the status categories—people who had only been rowing for some six weeks had to row against far more experienced crews, with little chance of success.

The first crew to race was one of the Ladies' Novice IVs. After some confusion over which way the race was to be run, the three crews lined up for the start in appalling weather. The opponents, UC & H and London Hospital got off to a good start and soon took a decisive lead over our girls. All crews had problems, either with seats or steering, and a dangerous swerve by both other crews may have led to at least one of them being disqualified. However, UC & H soon pulled themselves together and raced to a comfortable victory.

The second Ladies' Novice IV, racing Westminster and another London crew, suffered a similar fate and despite much effort, they too were beaten into third place by two far more experienced crews.

The Men's Novice IV, with Miles Ferran doubling up from the eight, had been showing good form in training, and were drawn against St. George's and King's. Unfortunately, in the excitement of the race, much of their newly acquired technique deserted them and this, along with more seat problems, resulted in them gaining only third place despite a marked improvement in the latter stages of the race.

The Novice VIII seemed like our best prospect but a disastrous start put them a length down to St. George's and the Vets. However, their superior technique and strength enabled them to pull back to level and then take a length's lead. However, that curse of novice races struck once again—Stroke lost his seat, and almost simultaneously, Martin Fleminger's gate flew open at 7. An oar was lost and so was the race.

Our more experienced crews rowed well, but were hardly prepared for the opposition they were to meet. Our Senior C IV rowed far better than could have been expected, considering this was only their third outing together. The first half of the race was very even, but in the latter stages, experience showed and QMC's well drilled crew took first place some 2½ lengths clear.

By this stage, in a day of atrocious weather conditions, the water was very choppy and some of the events were, for a time, in doubt. However, racing continued: our first VIII was faced with a near impossible task—the inclusion of Bob Coleman and Alistair Cruse at stern pair meant that the eight had to contest the Open event and were drawn against Imperial College. Despite an excellent start which saw Guy's take a slight lead, the Imperial Senior A eight cruised to victory by some three lengths.

So ended a disappointing day for the Guy's crews. It was encouraging however, that we were able to field our largest number of crews in this regatta for some years, and with a large and enthusiastic contingent of Freshers, we hope for better things in 1982.

Simon Ward.

Open VIII	**Novice VIII**
Bow, P. Mayes	1, S. Lloyd-Davies
2, C. Newson	2, D. Herbert
3, A. Williams	3. L. Banks
4, S. Smith	4, M. Ferrari
5, A. James	5, M. Rough
6, I. Brown	6, C. Millson
7, A. Cruse	7, M. Fleminger
Stroke, B. Coleman	8, W. Collinson
Cox, B. Doubleday	Cox, P. Mayes

Senior C IV

Bow, P. Cousins
2, J. Norris
3, S. Ward
Stroke, S. Smith
Cox, B. Doubleday

Novice IV

Bow, D. Hannington
2, M. Ferrari
3, J. Mountfield
Stroke, R. Rasanayagan
Cox, S. Ward

Ladies' Nov. IV A

Bow, Rosie Jackson
2, Nicky Smith
3, Gill Phillips
4, Ally Chapman
Cox, Simon Ward

Ladies' Nov. IV B

Bow, Nicky Lear
2, Sandie O'Shea
3, Kim Hinkley
4, Katie Godber
Cox, Simon Ward

MOUNTAINEERING

The Mountaineering Club's annual dinner meet in North Wales

The third trip in 1981 was to Capel Curig, N. Wales. We left Wolfson House at 6.00 p.m. (after Adrian had finished packing and Chris had been dragged from the Rose). Good time was made to the Greasy Spoon, where lots of mixed grills were rapidly consumed, then to the pub for a quick pint and onto the road again.

We arrived at 1.20 a.m. and promptly installed ourselves in the cottage. It was decided to start early next morning as it was freezing hard and conditions looked excellent.

Up at 7.30 a.m., leave by 9.00. A quick stop at Joe Brown's for Marisco's (Mars Bars), then on to Pen-y-pass. We split into two groups, walkers and climbers. The walkers set off up the Pyg track to do the Crib-Goch ridge. The climbers set off along the miners track (whose idea was that!).

The walkers stopped for lunch at the top of Crib-Goch. Then they battled on against wind and snow along the ridge, eventualyl arriving at Crib-y-ddysgl. The wind and spindrift was so ferocious that they decided to leave out Snowdon summit, and dived off down the "zig-zags" bum-sliding to the miners track. They walked back to Pen-y-pass where they found two-thirds of the climbers installed in the café drinking coffee ("the super fast climbers").

Meanwhile the climbing team split into two groups, one of four and one of two. Tom and Paul decided to do a heroic route while Adrian, Hamish, Steve, and Chris, assessed the situation and decided to climb Central Trinity Gully on Snowdon. Adrian and co. soloed up the gully finding it very thin ice in places with about half-an-inch of ice in a few places that tended to shatter off when front points were placed in it, good axe placements were few and far between, so they say. "A 600ft. exercise in balancing technique."

They had lunch on the summit, admiring the 18in. horizontal icicles on the station handrail. After waiting 30 minutes for Tom and Paul they decided to go down (as it was getting cold!). Anyway Tom and Paul were probably having an epic. They were installed in a cafe by 4 p.m. with coffee. The walkers arrived shortly. The cafe closed at 5 p.m. but still no sign of Tom and Paul. They appeared at 5.30 p.m. just as concern for their safety was rising.

Meanwhile Tom and Paul tackled Great Gully. After climbing 100ft. and surmounting the first ice problem, they ran into soft deep snow on the second vertical section. After careful consideration a tactical retreat was made (i.e. bottled out). Instead they went off to Left Trinity Gully, a 2-hour route which they completed in 35 minutes bringing them to the top of Snowdon.

They reached the top at about 3.30 p.m. with 1½ hours daylight left and worsening weather conditions. This was no place to linger so they set off at great pace. Under these conditions they chose the longer track back as it is lower down and easier to follow in darkness or bad weather.

The initial descent was rapid passing several other people on the mountain. However with one of them starting to feel unwell, they had to slow down and finish the descent by torch light.

In the evening after washing and changing at the cottage we all went down to the local hotel for dinner.

We dined well on an excellent meal despite soup being spilt down Bob's front by the waitress. He caught most of it in his cupped hands and was able to put it back in his bowl!

Afterwards we retired for a pleasant evening in the bar. As we left the hotel it was starting to rain. Unfortunately this carried on next morning making ice climbing on Sunday impossible.

However some of us went for a short walk on Sunday morning. After this we cleared up in the cottage and returned to London.

Tom Humphries.

SWIMMING

The Swimming Club is alive and well!—That's the message from the murky depths. Following the departure of several key players last year there were doubts expressed as to continuing the high standard of water polo achieved in recent years. As the noises, groans and splashing heard from the Orchard Lisle pool on Monday and Wednesday evenings testify there is renewed enthusiasm this year with an influx of keen new club members to spur on the old hands.

The Men's Team started the U.H. League in the Autumn Term with a new-look team and were promptly dispatched 2–12 by Barts. This performance prompted Team Coach Steve 'Age-Concern' Loveless to institute Babinski training routines (named after the effect seen in those participating). The outcome was a commendable walk-over against Tommies followed by a narrow defeat by the London Hospital 0–3. The work-outs in and out of the pool were beginning to pay-off with Dave 'Hole-man' Taylor and George 'Hard-man' Nott-Bower, our close season 'frees' from Oxbridge linking up well together and incidentally playing some good polo. Our next match, the return against Bart's was a close fought encounter which we won 6–5 thanks to some excellent goals by Dominic 'Flashy-shots' Flanagan and solid defence by Andy 'New-Boy' Dowson with Mark 'Fingers' Kilby improving all the time in goal. Team Coach was so impressed/shocked that he bought a round! The rest of the teams fixtures included a narrow defeat 4-6 by Mary's and a first goal for Guy's by George N-B. We finished a respectable 3rd out of the 5 Hospital sides in the 1st Division. Dominic just pipped the old man in the goal scoring stakes 6–5.

This term's matches will be in the ULU League and the UH Cup.

The womens club is thriving 'under the influence' . . . . . of captain Sîan Davies. The nucleus of last years squad was joined by new talent, Katy, Angie, Lisa and Nicki and have been playing 'friendly' Polo matches. The results have been very encouraging especially the win against Marys 8–5 and the narrow defeat against Dublin University 6–7.

Both the Men's and Women's teams competed in a swimming gala with Middlesex Hospital in which the men fell very ill and didn't win a race whilst the women managed several wins and overall won their part of the match. Training has since become more serious and we hope that in the return match against the Middlesex the men will put up a better performance. We also have the UH Gala to look forward to in March and also the club tour to Scotland where we have fixtures with Dundee and Aberdeen Universities and the Bon Accord Club.

Anybody who is a student at Guy's, interested in swimming competitively or playing Water Polo would be most welcome at our training sessions. For more details contact Steve Loveless or Sîan Davies via Boland House pigeon holes.

S.R.L.

Hospital Information

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JUNIOR STAFF APPOINTMENTS

The following appointments and re-appointments have been made for the period commencing 1st October, 1981:—

MEDICAL REGISTRARS

Dr. J. A. Vale (S.R.)	(Houston/Knight to Feb. '8 Trounce/Knight to 30.9.82)
Dr. P. Isaacs (S.R.)	(Gastroenterology)
Dr. J. Prior (S.R.)	(New Cross)
Dr. P. Jackson (S.R.)	(Lewisham)
Dr. H. Earl	(Scott/Joiner to Feb. '82 Scott/Clark to 30.9.82)
Dr. J. Ayres	(Trounce/Hicks to Feb. '82 Joiner/Hicks to 30.9.82)
Dr. T. J. Meredith	(Lessof/Keen)
Dr. S. Amiel	(Oncology)
Dr. J. Winer	(Ashford)
Dr. T. Butland	(Brook)

SENIOR HOUSE OFFICERS IN GENERAL MEDICINE

Dr. J. Cereda	(exchange)
Dr. A. Dewhurst	
Dr. M. Ganczakowski	
Dr. M. Heber	
Dr. A. Hemlock	(vocational trainee)
Dr. C. Keyte	
Dr. H. Kinsella	
Dr. C. Lawton	
Dr. V. McDowall	(vocational trainee)
Dr. S. Smith	

SENIOR HOUSE OFFICERS—NUFFIELD HOUSE

Dr. L. Forbat	to 28.2.82
Dr. W. Pomeroy	to 28.2.82

REGISTRAR TO INTENSIVE CARE & CLINICAL TOXICOLOGY

Dr. A. Houston

REGISTRAR IN ENDOCRINOLOGY & NUCLEAR MEDICINE

Dr. R. Temple

SENIOR HOUSE OFFICERS TO THE RENAL UNIT

Dr. W. Gedroyc	to 30.11.81
Dr. S. Reeders	to 31.1.82
Dr. G. Hunter	to 31.3.82

SURGICAL REGISTRARS

Mr. M. Lavelle	Guy's
Mr. I. Fentiman	Guy's
Mr. C. Akle	Guy's
Mr. R. Kinder	Guy's
Mr. W. Owen	Intensive Care
Mr. J. Lyttle	Urology (St. Olaves)
Mr. J. Simson	General Surgery (St. Olaves)
Mr. T. Day	Breast Unit to 31.3.82 G.O.S. to 30.9.82
Dr. M. Gunasekera	G.O.S. to 31.3.82 Breast Unit to 30.9.82

SURGICAL SENIOR HOUSE OFFICERS (ROTATION)

Mr. Maynard & Mr. Ellis	Dr. P. Ng Cheng Hin
Mr. Glover & Mr. Rendall) Mr. Beard & Mr. O'Flynn)	Dr. M. Younis
Oncology—Breast Unit	Dr. F. A. El-Ghamari Dr. S. W. V. Coppinger
Neurosurgery—Maudsley	
Orthopaedic	Dr. N. R. Womack
Edgware General	Dr. G. Shone
Ashford Hospital	Dr. A. P. Corder
Eastbourne	Dr. W. R. Sears

SENIOR HOUSE OFFICER IN CASUALTY

Dr. R. Salem	to 30.11.81
Dr. J. Williams	to 28.2.82
Dr. A. Ramsay	to 28.2.82
Dr. J. Powell	to 28.2.82
Dr. R. Davis	to 28.2.82
Dr. W. Carlile	to 28.2.82

REGISTRARS IN E.N.T. SURGERY

Mr. G. D. Neale (exchange) (S.R.)	Guy's to 31.12.81
Mr. M. Starns	Lewisham to 30.9.82
Mr. N. Marks	Lewisham to 31.12.81, Guy's to 39.9.82
Mr. D. Meikle	
Mr. M. Gleeson	

OBSTETRIC REGISTRARS

Mr. N. Pipe (S.R.)	(Guy's)
Mr. D. Wilkin (S.R.)	(Farnborough)
Mr. S. Killick	to 31.10.81
Mr. M. Khairat	1.11.81–31.3.82 (locum)
Dr. M. Wake (S.H.O)	to 31.1.82
Dr. P. Brukner (S.H.O.)	to 31.1.82
Dr. I. Ramdin (S.H.O.)	to 31.8.82
Dr. C. Allanby (S.H.O.)	to 31.3.82

RHEUMATOLOGY REGISTRARS

Dr. G. Huston (S.R.)	(Guy's)
Dr. A. Crisp (S.R.)	(Guy's/Orpington)
Dr. P. Woo (S.R.)	(Guy's/Greenwich)
Dr. R. Armstrong (S.R.)	(Brighton)
Dr. R. Symmons (Reg)	
Dr. P. Emery (Reg)	

CARDIOLOGY REGISTRARS

Dr. D. A. Brennand-Roper (S.R.)	(locum to 31.8.82)
(Dr. R. Wainwright (S.R.)	—unpaid leave to 31.8.82)
Dr. D. Jeffreys (Reg)	
Dr. S. Smith (S.H.O.)	(1.10.81–31.3.82)
Dr. M. Heber (S.H.O.)	(1.10.81–31.3.82)
Dr. A. Dewhurst (S.H.O.)	(1.4.82–30.9.82)
Dr. M. Ganczakowski (S.H.O.)	(1.4.82–30.9.82)

REGISTRAR IN CLINICAL CHEMISTRY

Dr. R. Smaldon (S.R.)

REGISTRAR IN CLINICAL PATHOLOGY

Dr. M. Coppen
Dr. S. Kenny
Dr. R. Nash
Dr. J. Van De Pette

Dr. C. Thomas (S.H.O.)
Dr. L. Denmark (S.H.O.)
Dr. R. Springbett (SH.O.)

REGISTRAR IN MICROBIOLOGY

Dr. S. Edmondson (S.R.)

REGISTRAR IN HAEMATOLOGY

Dr. E. Caffrey (S.R.)

REGISTRARS IN PSYCHOLOGICAL MEDICINE

Dr. R. Bamber (S.R.) (Dr. Fleminger)
Dr. T. Sacks (S.R.) (Dr. Gaind)
Dr. G. Corrigan (S.R.) (Professor Watson)
Dr. N. Darroch (S.R.) Bexley
Dr. M. Alker (S.R.) Bexley
Dr. G. Rehling (Dr. Fleminger)
Dr. M. Lee (Dr. Fry)
Dr. B. Brockman (part-time Professor Watson)
Dr. C. V. R. Blacker (Dr. Rosen)
Dr. D. G. Sumner
(Professor Watson and Dr. Fry)
Dr. P. Jarrett (Dr. Lipsedge)
Dr. W. B. F. Prothero Bexley

SENIOR HOUSE OFFICERS IN PSYCHOLOGICAL MEDICINE

Dr. A. Hale (Dr. Fleminger)
Dr. J. White (Dr. Gaind)
Dr. J. Lindesay (Psychogeriatrics)
Dr. A. Boardman (Professor Watson)
Dr. T. J. Leverton (Dr. Fry)
Dr. H. Freeman (Dr. Fry)
Dr. S. Ansari (Dr .Lipsedge)
Dr. L. Katzenell Bexley
Dr. S. Wood Bexley

REGISTRARS IN CHILD PSYCHIATRY

Dr. R. Kennedy (S.R.)
Dr. P. Hollis (S.R.)
Dr. G. Hughes (Reg)
Dr. J. S. Baldock (S.H.O.)

ORTHOPAEDIC REGISTRARS

Mr. A. Franklin (S.R.) (Hastings)
Mr. A. Mackechnie Jarvis (Reg) (Lewisham)
Mr. R. Rawlings (S.R.) (Guy's)
Mr. I. Bintcliffe (S.R.) (Guy's)
Mr R. Brueton (Reg) (Guy's)

ORTHOPAEDICS/CASUALTY/PLASTIC SURGERY REGISTRAR

Mr. G. Paulus

REGISTRAR IN UROLOGY

Mr. O. Davison (S.R.)

REGISTRARS IN DERMATOLOGY

Dr. D. Atherton (S.R.)
Dr. C. Holden (Reg)
Dr. R. Mallett (S.H.O.) to 28.2.82

REGISTRARS IN DIAGNOSTIC RADIOLOGY

Dr. C. Pinde (S.R.)
Dr. M. Reeves (S.R.)
Dr. M. Salari (S.R.)
Dr. P. Shaw (S.R.)
Dr. J. Pitfield (S.R.)
(Greenwich 1.9.81–19.11.81)
Dr. A. Ayoub (Reg)
Dr. M. Crockford (Reg)
Dr. R. Dawood (Reg)
Dr. C. Miller (Reg)
Dr. R. Kantor (Reg)
Dr. P. Dawson (Reg)
Dr. J. Britton (Reg)
Dr. I. Cameron-Mowatt (Reg)
Dr. J. R. G. Smith
Dr. M. J. Alsewan (Reg)

REGISTRARS IN RADIOTHERAPY

Dr. W. Bodger (S.R.)
Dr. M. Minton (Reg)

REGISTRAR IN NEUROLOGY

Dr. A. C. Williams (S.R.) to 31.12.81
Dr. S. Mossman (Reg)
Dr. W. Gibb (S.H.O.) to 28.2.82

REGISTRARS IN OPHTHALMOLOGY

Mr. J. Govan (S.R.)
Mr. D. Calver (S.R.)
Mr. I. K. Al Jalili (S.R.) (locum)
Mr. R. Santhamani (C.A.)
Mr. M. Zeidan (C.A.)
Miss J. Neil-Dwyer (C.A.)
Mr. H. Whitty (A.S.)
Dr. G. A. Shun-Shin (S.H.O). to 31.12.81
Dr. G. Sayuchchiyadevan (S.H.O.) to 31.3.82

REGISTRARS IN PAEDIATRICS

Dr. S. D. Levin (S.R.)
Dr. R. Jones (S.R.)
Dr. M. Donaldson (Reg)
Dr. B. Judd (Reg) (Brighton)

SENIOR HOUSE OFFICERS IN PAEDIATRICS

Dr. H. Cattermole
Dr. A. Scammell
Dr. F. Hinde
Dr. Y. Ng
Dr. C. Aiken

SENIOR HOUSE OFFICER IN PAEDIATRICS

Dr. J. Storr
Dr. P. Gibson
Dr. D. Cashin
Dr. G. Evans
Dr. F. J. Kirkham

REGISTRARS IN THORACIC SURGERY

Mr. C. Sang (S.R.) (Guy's to 31.12.81)
Mr. A. Prior (S.R.) (The Brook to 31.12.81)
Mr. S. H. Armistead (S.R.)
(vice Mr. Lau—St. Thomas' to 31.12.81)
Mr. C. Smallpiece (Reg)
Mr. A. James (Reg)
Dr. D. Nurse (S.H.O.) to 28.2.81
Dr. C. Jackson (S.H.O.) to 31.12.81

REGISTRARS IN ANAESTHETICS

Dr. C. Hasbury (S.R.)
Dr. L. Muthukuda (S.R.)
Dr. R. Plummer (S.R.) to 31.12.81
Dr. L. Sharp (S.R.) to 31.12.81
Dr. R. Feneck (S.R.) to 7.6.82;
Lewisham to 30.9.82
Dr. M. Boscoe (S.R.) 31.3.82;
Greenwich to 30.9.82
Dr. V. Jeevananthan (S.R.)
Lewisham to 7.6.82; Guy's to 30.9.82
Dr. J. Dickenson (S.R.) Brighton to 31.12.81;
Guy's to 30.9.82
Dr. G. Bradburn (S.R.) unpaid leave to
31.12.81, Canterbury to 30.9.82
Dr. I. Sharp (S.R.) Hastings
Dr. J. Foster (S.R.) Greenwich to 31.3.82;
Brook to 30.9.82
Dr. J. Cook (S.R.) Brook to 16.12.81
Brook 17.12.81-31.3.82; Guy's to 30.9.82
Dr. L. Vella (Reg) to 30.6.82
Dr. B. J. McLeod (Reg) to 30.6.82
Dr. S. Sperring (Reg)
Dr. J. N. Sperring
Dr. J. N. Cashman (Reg) to 30.9.82
Dr. J. Robertson (Reg) to 31.12.81;
East Grinstead to 30.9.82
Dr. J. Windsor (Reg) (Brighton rotation)

REGISTRARS IN ANAESTHETICS

Dr. G. G. R. Rutter (Reg) Lewisham
Dr. W. Crozier (Reg) Lewisham
Dr. D. Heap (Reg) East Grinstead to 31.12.81;
Guy's to 30.9.82
Dr. M. Barrowcliffe (Reg) Brighton to 30.6.82;
Guy's to 30.9.82

Dr. A. M. Hart (S.H.O.) (GPT)
Dr. T. P. Cripps (S.H.O.) (GPT)
Dr. T. J. Tarr (S.H.O.) (GPT)

REGISTRARS IN GERIATRICS

Dr. K. Nandi (S.R.) (Brighton rotation)
Dr. D. C. Rangedara (S.R.) (Hastings rotation)
Dr. P. Crome (S.R.) Hastings to 30.9.82
Dr. S. Gnanasunderam (S.R.) Brighton to 6.1.82
Dr. M. Andreanoff-Lugon (S.H.O.)

REGISTRARS IN G.U. MEDICINE

VACANT (S.R.)
Dr. S. H. R. Barney (C.A.)
Dr. F. J. Aumonier (C.A.)

DENTAL HOSPITAL DEPARTMENT OF ORTHODONTICS AND DENTISTRY FOR CHILDREN

Mr. D. Orme-Smith (A.D.S.)
Mr. N. Hunt (S.R.)
Mr. S. Rudge (S.R.)
Mr. J. Roberts (C.A.)
Mr. T. Pollard (Reg)
Miss D. Fung (Reg)
Miss G. Smith (S.H.O.)
Miss J. Ault (S.H.O.)

CLINICAL DENTAL SURGERY

Mr. P. Bathard-Smith (S.R.)
Mr. J. Robertson (S.R.) to 31.5.82; East Grinstead to 30.9.82
Mr. M. Hodge (S.R.) East Grinstead to 31.5.82; Guy's 30.9.82

ORAL & MAXILLO FACIAL SURGERY

Mr. N. Foot (Reg)
Mr. S. Singh (Reg)
Mr. G. Owen (C.A.)
Mr. P. Sheppard (C.A.)
Mr. R. Wilson (C.A.)
Mr. F. B. Williams (C.A.)
Mr. J. A. Preston (SH.O.) to 11.1.82
Mr. M. R. Cope (S.H.O.) to 20.3.82

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Miss M. C. Burgess (Reg)
Mr. C. Waterman (C.A.)

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Miss J. Henking (C.A.)

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Mr. D. Martin (C.A.)
Mr. R. Pearce (C.A.)
Mr. M. Dyer (C.A.)
Mr. P. Swiss (C.A.)
Mr. P. Swift (C.A.)
Mr. W. Beare (C.A.)
Mr. P. Saunsbury (C.A.)
Mr. P. Howell (C.A.)

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Miss M. C. Burgess (Reg)
Mr. J. Radford (C.A.)
Mr. C. Kennedy (C.A.)
Mr. R. Goulden (C.A.)
Mr. F. Van den Berg (C.A.)
Mr. D. Heyderman (C.A.)
Mr. M. Schaller (C.A.)
Mr. R. Ellis (C.A.)
Mr. C. Wilson (C.A.)
Mr. M. Sword Daniels (C.A.)
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Mr. C. Wookey (C.A.)
Miss H. Loxley (C.A.)
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Mr. G. Irvine (C.A.)
Mr. P. Erridge (C.A.)

DEPARTMENT OF DENTAL RADIOLOGY

Mr. B. Beeching (C.A.)
Mr. E. Whaites (C.A.)

STAFF DENTAL OFFICER

Mr. R. Ellis (C.A.)

BIRTH

HORTON—To Jeremy and Barbara, a son, Timothy Alexander, born at Guy's 1st January 1981.

DEATHS

LANE—J.S. on 26th December, 1981, two years after retiring from a general practice in Croydon where he practised for forty-five years. L.R.C.P., M.R.C.S., L.M.S.S.A. 1931.

HOOK—Sylvia Josephine on 14th January, 1982 at Frenchay Hospital, Bristol after a prolonged illness courageously borne.

DIMOCK—W. G. C. L.D.S. 1943. Died on 18.1.82 in Titchfield, Hants.

PRICE—Harold King, formerly of 6 Oxford Street, Nottingham, died on January 21st, in Guernsey, aged 88 years. Qualified L.D.S., R.C.S. in 1922 at Guy's.

CHANGE OF ADDRESS

WATKIN—Dr. and Mrs. Ross, "The Field House", Coulsdon Lane, Chipstead, Surrey.

ROSSER—Dr. E. M., 18 Eastlands Crescent, Dulwich Village, London, SE21 7EC.

JACKSON—David and Margaret— 38 Greetwell Gate, Lincoln, LN2 4AW. Telephone: Lincoln 42672.

FILOSE—Dr. M. A., Furzy Corner, Boundway Hill, Sway, Hants., SO4 0EN.

BEATON—Mr. and Mrs. S. G., 33 Tudor Gardens, Clifden Road, Twickenham, Middlesex.

JONES, D. J. (Squadron-Leader)—3 Mansion Hill, RAF Holton, Wendover, Nr. Aylesbury, Bucks.

BRAYSHAW—Roger and Christine (née Smith), 6 Willow Green, Knutsford, Cheshire, WA16 6AX. Tel.: 0565–2274.

GOODLIFFE—Dr. J., 9 Honeymeade, Sawbridgeworth, Herts., CM21 0AR (Harlow 29041).

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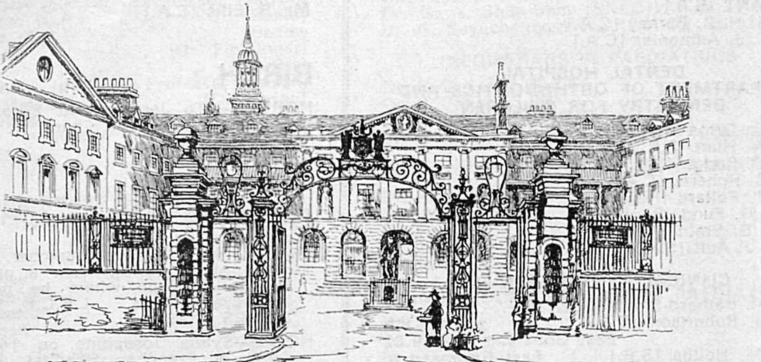

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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Passim

The Stephen Duckworth Appeal Fund

Our readers will have been puzzled or disturbed to read the contents of a letter from Stephen Duckworth, a medical student, published in the February edition of the *Gazette.*

In September, 1981, Stephen fractured his cervical vertebral column during rugby practice at Honor Oak Park. After an emergency decompression operation at the Maudsley Hospital, he was transferred to Stoke Mandeville, where a further decompression procedure was performed. Tragically, after the lapse of the immediate period of spinal cord shock, it appeared that Stephen's injuries had resulted in almost complete, bilateral loss of neurological function from the level of C5 and below. As our readers will appreciate, the news of Stephen's accident cast a pall of darkness across the Guy's horizon. For anyone less courageous, that situation might well have remained unchanged, but, with unrelenting stamina and imperturbable morale, he has set his face to the herculean challenge that lies before him.

Stephen has expressed his wish to return to Guy's to complete his training. Whilst no-one would deny the existence of the problems that this will pose for Stephen, for the Medical School, and for the University of London, the challenge for us at Guy's must be faced – a challenge that is dwarfed by the one that Stephen himself has so courageously tackled.

It will be obvious to you all that Stephen's rehabilitation will be a costly business. The supreme priorities, at this stage, are to ensure that Stephen's personal needs are met, that his means of communication are facilitated, and that he should be able to enjoy maximal mobility, both indoors and out. His most immediate needs, in these respects, include a powered wheelchair for outside travelling, an electric typewriter and a portable tape-recorder. Other requirements will doubtless follow.

We, at Guy's, are aware of the heavy burden which we must bear to assist Stephen in every way we can. To forward this end, an Appeal Fund has been launched under the auspices of an Appeal Committee, chaired by Mr. Tom Lewis, distinguished both as Consultant Obstetrician and Gynaecologist, and for his past and present contribution to rugby at Guy's. A full programme of fund-raising activities is currently planned for Stephen's benefit, including a rugby match in which international players will participate, to be played at Honor Oak Park on Sunday, October 10th. As a complement to these plans, it was felt that a direct appeal, through the *Gazette*, should be made to all Guy's men and women to assist in swelling the campaign funds.

From the very outset, Stephen has been accompanied by his dearest companion, Rose, who has taken a sabbatical year from her physiotherapy training at Guy's to be with him. When visited recently at Stoke Mandeville, they were both bubbling with enthusiasm and speaking of the future with irrepressible vitality. All who have visited them are saddened to witness the tragic sequelae to that dreadful day in September, and yet profoundly inspired by the courage of these two young people.

Stephen has taken up the gauntlet and we must do likewise. Please help a gifted and courageous Guy's man, who, in unison with Rose, uttered the words:

"Together, we *can* be independent."

Please make your cheques payable to: Guy's Hospital Medical School, and send to:

The Stephen Duckworth Appeal Fund,
The Finance Officer,
Guy's Hospital Medical School,
Guy's Hospital,
London Bridge,
London SE1 9RT

New Copy Requirements

You are reading the last *Gazette* of its type: as from the May edition, our printing process is changing from our present use of hot metal typesetting to the rather more modern technology of offset photolitho. This jargon is all very confusing, so suffice it to say that we shall preserve the *Gazette's* size and style and content, whilst exploring any new advances that this change may make possible – especially in the field of graphics and photographic reproduction.

This change was inevitable within the next two years, as almost all printers have already made this transition, with the exception of Fleet Street, where disputes about the new technology have delayed its use in most of the national press. We unexpectedly have to make this transition over the next couple of months, but the only change that our readers should notice is an improvement in the quality of photographic reproduction.

The big drawback of the change, as far as a journal like the *Gazette* is concerned, is that we are less able to make small corrections at our second proofing session. To enable us to fit into this system, we ask that, if possible, contributions should be typed, with double spacing, and that the author checks this copy to ensure that it is correct before sending. In certain instances, including *Sport, Correspondence*, items for *News in Brief* or *Hospital Information*, typing may prove impossible: in these cases submissions should be written legibly, on lined A4 paper, leaving every other line blank for editorial corrections or clarifications. Please use just one side of the sheet only, and make especial effort for legibility in the case of names.

In the past we have received, and our printers have admirably dealt with, contributions of the most illegible sort on the most appalling paper. (The worst I can recall was a Football report three years ago on Izal medicated – but it got translated and published!). If the *Gazette* is to continue with its present standards (or to improve them!), these simple requirements for submitted copy must be met, as of April 2nd.

News in Brief

Professor Wallace Fox

May we extend our congratulations to Professor Wallace Fox, who has been awarded the Koch Centenary Medal by the International Union Against Tuberculosis.

Surgeon Rear-Admiral Lambert

Surgeon Rear-Admiral Roger Lambert, of Gosport, is to be the Navy's Surgeon Rear-Admiral (Ships and Establishments). He succeeds Surgeon Rear-Admiral F. M. Kinsman.

Surgeon Rear-Admiral Lambert studied at Trinity College, Cambridge, and Guy's Hospital, London, before joining the Royal Navy in 1953. He became Dean of Naval Medicine and the Queen's Honorary Physician in 1980.

The Biennial Dinner

The dinner this year is to be held on Friday, 1st October, in the Connaught Rooms. Further details will be announced later.

Dental Directory

A new edition of the Guy's Dental Directory (1982) has been printed and is available from the Medical School Office, Guy's Hospital, London SE1 9RT. The cost including postage within the U.K. is £2.85. Cheques to be made payable to Guy's Hospital Medical School.

Rugby Annual Ball

The Annual May Ball will be held at the Glaziers Hall, Tooley St., London, S.E.1., on Thursday, 6th May at 7.00 p.m. for 7.30 p.m. Tickets are available at £23 per double ticket, which includes a four-course meal and a bottle of wine per couple.

Tickets are now available from Ted Rose, Ball Secretary, Boland House. Individual tables of five couples can be arranged. All profits will go to the Stephen Duckworth Appeal Fund.

200 Wine Club Draw

The following have won cases of wine in recent Guy's Rugby Football Club 200 Wine Club draws:

January	Mr. H. Williams
	Dr. T. Jennings
February	Mr. W. Hogan
	Miss S. Dawson-Edwards
March	**Dr. G. Scott**
	Mr. D. Lloyd

New Mortuary and Pathology Block

The New Mortuary complex was opened by Professor Keith Simpson on November 10th 1981. A detailed article about the opening ceremony seems to have got irretrievably lost in the post between Hong Kong and Guy's, but a note must be made of another addition to the facilities of the Hospital.

The new complex provides comprehensive mortuary and laboratory facilities, and has been designed with a fine teaching gallery. People who remember the old PM room will realise the improvement – although it will take a few years for the new one to have quite the same "atmosphere".

In his opening speech, Professor Simpson said that in his travels he had occasionally come across mortuaries he would not want to be seen dead in. One could not say that about Guy's, and now, with this new complex, it is as well equipped as anywhere, and will hopefully prove as long-lasting an aid to the Hospital as its predecessor.

Professor Keith Simpson, Emeritus Professor of Forensic Pathology, accompanied by the Dean, opening the new mortuary complex.

Medical School Scholarships

Applications are invited for the following Scholarships for the Session 1982-83. Forms are obtainable from the Dean and should be returned not later than 30th April 1982.

The Beaney Scholarship in Materia Medica

Candidates for the Scholarship must have received part at least of their medical education at Guy's Hospital Medical School. The object of the Scholarship is to advance knowledge of Materia Medica (including Pharmacy, Pharmacology and Therapeutics) by supplying the Scholar with the means of carrying out original investigation in these subjects. The Scholar holds the Scholarship for three years and is eligible for re-election. The Scholarship is of the annual value of approximately £850.

The Arthur Durham Travelling Studentship

Candidates for the Studentship must be registered medical practitioners who have studied at Guy's Hospital Medical School. The Student is required to proceed abroad for the purpose of carrying out such investigations as may be approved or directed by the Board of Electors, and shall undertake to reside continuously abroad for a period of not less than six months. The Studentship is of the value of approximately £750.

The Sir Alfred Fripp Memorial Fellowship

The Sir Alfred Fripp Fellow is required to promote the advancement of knowledge and research in Psychology, more particularly through the study of children in health and or disease. The Fripp Fellow is allowed opportunities for study in the Department of Paediatrics and the Department of Child and Adolescent Psychiatry and is required to submit with his or her application a definite scheme of advanced study or research to be carried out during the tenure of the Fellowship. The Fellowship is ordinarily for a period of two years, but may be renewed for a further period of up to three years. Candidates must possess a registrable medical qualification and should not be more than 35 years of age. The value of the Fellowship is up to £3,750 per annum according to the seniority of the holder and the amount of time to be devoted to the Fellowship.

Dr. James Leighton Hopkins Travelling Scholarship

Candidates for the Scholarship must be registered medical practitioners who trained at Guy's Hospital Medical School. The purpose of the Scholarship is to assist the Scholar to travel to gain further experience. The value of the Scholarship is up to approximately £1,300.

The Lambrinudi Memorial Scholarship

Candidates for this Scholarship must be male students who have completed their preliminary training in Orthopaedic Surgery and have held the post of Orthopaedic Registrar in a Teaching Hospital within the Commonwealth and who wish to further the study of Orthopaedic Surgery by postgraduate study, research or travel. The value of the Scholarship is approximately £450.

The Francis Lett Scholarship

Candidates for the Scholarship must have studied at Guy's Hospital Medical School. The Scholarship may be held by itself or in conjunction with other Studentships. The purpose of the Scholarship is to enable the Scholar to obtain experience in other Medical Schools or Hospitals, at home or abroad. Candidates must submit their proposed programme with their application. The Scholarship is of the value of up to approximately £1,500.

The Hilda and Ronald Poulton Fellowship

The Poulton Fellow carries out research in the Department of Medicine under the direction of the Professor of Medicine and the object of the Fellowship is to increase the knowledge of the origin, progress, treatment and cure of obscure diseases in man. The Fellow is appointed for two years in the first instance with possible reappointment from year to year. He is required to work at least half his time in the Department of Medicine and may hold another appointment at the Hospital or School. The present value of the Fellowship is approximately £760 per annum.

The Adrian Stokes Memorial Fellowship

The Fellowship is open to registered medical practitioners or graduates in Science, Pathology or Bacteriology. Applicants must be anxious to carry out further study in Pathology or Bacteriology in any of their branches. The Fellow is required to carry out this study during a period of not less than six calendar months in his year of tenure at a University, School or Hospital, or other institution, subject to the approval of the School Council, except the School in which he has received his medical or scientific education. The Fellowship is of the value of approximately £1,150.

Dental School Scholarships

Newland Pedley Travelling Scholarship

This Scholarship will be awarded to the holder of a registrable dental qualification, who has been educated at Guy's Hospital Dental School, to enable him or her to undertake a year's postgraduate dental study at one or more Dental Schools or Colleges abroad approved by the Dental Council. The value of the Scholarship will be up to £5,000 and the actual amount of the award will depend upon whether the holder of the Scholarship proposed to spend a year at an institute in Europe or Scandinavia or whether the year will be spent in Canada or the United States. The holder of the Scholarship may be required to undertake teaching duties in this School for the academic year following that in which the Scholarship is held.

Dental Travelling Scholarship

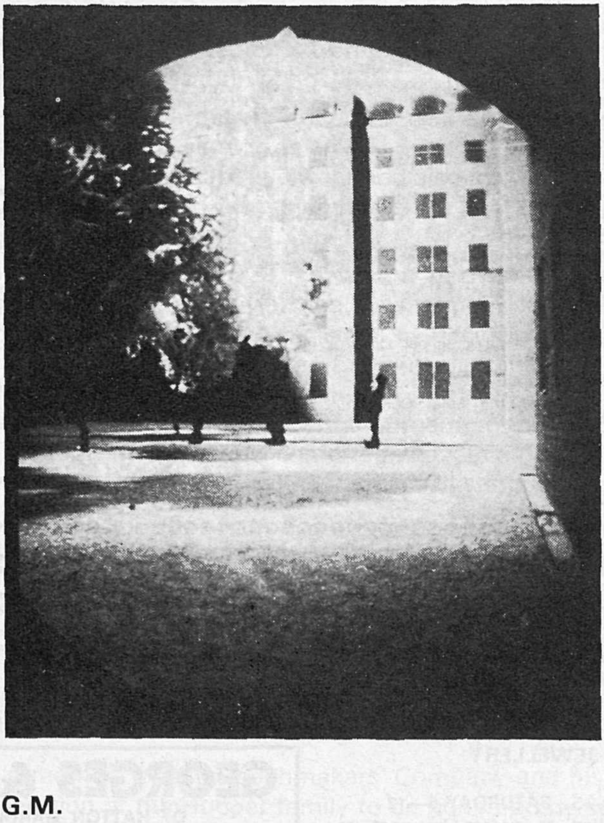
This Scholarship has a value of £1,000 and is awarded every year to the holder of a registrable dental qualification, who has been educated at Guy's Hospital Dental School, to enable him or her to study at one or more Dental Schools abroad which are approved by the Dental Council.

In order that applications for the Travelling Scholarships may be considered by the Dental Council in sufficient time to enable the successful candidates to make arrangements to travel, etc., it is necessary for all applications for Travelling Scholarships for 1982 to be received by the Dean of Dental Studies by Friday, 30th April 1982.

The Dean of Dental Studies will be pleased to discuss the matter with anyone who is interested.

The Chesterfield Development

Mr. Burfoot's article upon the proposed Chesterfield Development on the site of the old Dental School (*Gazette*, February 1982) stimulated considerable interest, especially amongst dentists at Clinical Day who were wondering what the new development would look like. The picture below depicts the central square, as photographed by a fibre-optic camera on an identical scale model, and gives a *"worm's eye"* view of the new development.



Boat Club A.G.M.

The Boat Club A.G.M. was held in the Medical School Committee Room on Thursday, 11th March at 5.30 pm. Mr. J. W. Mansie and Mr. D. G. Bompas were re-elected as President and Vice-President, respectively, and Mr. M. Gleeson was also elected as a Vice-President.

The student officials elected were as follows: Adrian James (Captain), Philip Mayes (Vice-Captain), Andy Williams (Vice Captain in charge of Boats), Miriam Scadeng (Secretary), Miles Ferrari (Treasurer), Martin Fleminger (Social Secretary).

DATES FROM THE MEDICAL DIARY

April

Fri.	2	Entries close for the Beaney Prize in Histopathology.
Wed.	7	Examination for the Beaney Prize in Histopathology begins.
Thur.	8	Entries close for the Charles Oldham Prize in Ophthalmology.
Fri.	9	Good Friday } Medical School Office closed.
Mon.	12	Easter Monday
Wed.	14	Examination for the Charles Oldham Prize begins.
Fri.	16	Schedules for the Final Conjoint Examination in June must be left in the Medical School Office not later than this date. *Entries close for the Leonard Lubbock Prize* in Chemical Pathology.
Mon.	19	Entries close for the M.B. B.Chir. (Cambridge) examinations in June.
Wed.	21	Examination for the Leonard Lubbock Prize begins.
Fri.	23	Entries close for the Hopkins Prizes in Anaesthetics.
Mon.	26	*SUMMER TERM BEGINS.*
Wed.	28	Examination for the Hopkins Prizes begins.
Fri.	30	Entries close for the Larkin Prize in Surgery.

May

Mon.	3	Bank Holiday – Medical School Office closed.
Wed.	5	Examination for the Larkin Prize.
Thur.	13	Entries close for the Final Conjoint Examination in June.

DATES FROM THE DENTAL DIARY

April

Mon.	5	Final L.D.S. Examination, Part II (Dental Prosthetics) begins.
Mon.	5	Applications close for the First L.D.S. Examination.
Fri.	9	Good Friday } Medical School Office closed.
Mon.	12	Easter Monday
Fri.	16	Applications close for the Third B.D.S. Examination, Parts I, II, III, IV and V.
Fri.	23	Entries close for Hopkins Prizes in Anaesthetics (open to all Medical and Dental Students).
Mon.	26	*SUMMER TERM BEGINS.*
Wed.	28	Examination for Hopkins Prizes begins.
Fri.	30	Applications close for the Second B.D.S. (June) Examination.

May

Mon.	3	Bank Holiday – Medical School Office closed.
Mon.	10	Final L.D.S. Examination, Part I begins.
Fri.	14	Entries close for the David Frank Sturdee Prize in Prosthetic Dentistry and the Properties of Dental Materials.
Mon.	17	*First L.D.S. Examination begins.*
Tues.	25	Final L.D.S. Examination, Part III begins.
Fri.	28	The Malleson Prize for Dental Students' Research – reports must be submitted not later than this date.

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Obituary

Kenneth Hooper, F.D.S., R.C.S., L.R.C.P., M.R.C.S.

Kenneth Hooper has died peacefully at his home in Kent recently at the age of 90 years.

In 1913, he joined the Third East Lancashire Regiment (Special Reserve) and was mobilised at the outbreak of hostilities in August 1914, when he went to France as a member of the First Expeditionary Force. He was wounded at Le Cateau on 26th August during the retreat from Mons, and was taken prisoner of war. In 1917, he escaped from the prison camp at Augustabad in Mecklenberg, in company with two others. They picked up a sailing boat in which they hoped to elude their captors. They were recaptured by a German patrol boat in the Baltic after seventeen days of freedom. In January 1918, he was exchanged for a German prisoner and went to Holland, returning home after the cessation of hostilities.

He entered Guy's as a dental student in 1919, and passed the L.D.S. R.C.S. examination in 1922, serving as an A.H.S. and subsequently as an H.S. He played hockey for Beckenham and Kent and also for the Guy's team when they won the cup in 1923. He was a member of the Guy's Golf team of which he was captain in 1922.

During the years 1923-1933 he was a part-time Demonstrator of Operative Dental Surgery at Guy's, and was appointed Assistant Dental Surgeon to the Hospital in 1931. At this stage, he decided to obtain a medical qualification and went on to obtain the Conjoint diploma in 1935. He took over the lectureship in Dental Materia Medica in 1935, which post he held until his retirement. He became a full Dental Surgeon to the Hospital in 1948. In 1948, the College of Surgeons conferred the diploma of Fellowship in Dental Surgery upon him in recognition of his distinguished professional career.

His interests were many and his knowledge of antique silver was outstanding: another of his interests was heraldry.

He retired from the staff in 1957 and was made Consultant Dental Surgeon Emeritus to the Hospital. He served as a member of the Council of Governors of the Medical School from 1964-1971. His popularity was such that he was honoured by being elected Chairman of the Biennial Dinner in 1980.

He was a member of the Coachmakers' Company and his son became the fourth generation of the Hooper family to be honoured by such membership.

Kenneth Hooper loved his work and his association with Guy's was always a source of great pride to him.

F. S. W.

Professor J. M. Robson

Professor John Michael Robson, F.R.S.E., died in London on February 18th, at the age of 81.

He was born in 1900 in Belgium and came to England before the First World War. He studied medicine at Leeds University and qualified in 1925. He proceeded to M.D. in 1930 and D.Sc. in 1932.

During the whole of his career, he was principally involved in research dealing with the physiology and pharamacology of the reproductive system. He rapidly became a distinguished international figure in this field. Some of his early work on the rôle of hormones in the maintenance of pregnancy helped to form the basis of the new science of reproductive endocrinology. Without such fundamental research, the contraceptive pill could not have been developed.

In 1946, he became reader in pharmacology at Guy's Hospital Medical School, London and in 1950 he was appointed to the first chair in pharmacology at Guy's. In addition to developing his original research on reproduction into the areas of chemical mutagens, teratogens and synthetic hormones, Professor Robson encouraged his co-workers to develop other lines of pharmacological investigation which were also initiated by him. Research workers who started their careers in his department are still actively working on the pharmacology of inflammation, teratogenicity and the immunology of leprosy.

He retired from Guy's Hospital Medical School in 1968. He was a private man with few close friends, but he had a profound love of music and of the countryside. Throughout his long career he was assisted in his studies and laboratory work by his wife, Sarah, who survives him.

R.S.

Kenneth E. Pringle, F.D.S., D.Orth,R.C.S.

Kenneth Pringle died in Guy's Hospital on Saturday, 6th March 1982 in his seventy-fourth year.

He was the son of a general medical practitioner and was educated at Dulwich College before entering the Dental School at Guy's, where he qualified L.D.S. in June 1930. As a student, he had a particular interest in working with children, leading him to become Assistant House Surgeon to Mr. F. Bocquet Bull, and later House Surgeon after he qualified.

His professional interests were wide, for he combined early practice with an appointment at Guy's as a Demonstrator in Prosthetics in 1931, and was also a Demonstrator of Dental Surgery in the London Hospital Dental School from 1933 to 1935. He returned to the Dental Department for Children at Guy's in 1935 as Registrar, a post which continued through the war years and was combined for much of the time with the duties of a Demonstrator of Dental Surgery. He was appointed to the Senior Staff as Assistant Dental Surgeon when Mr. Bull retired in 1946, and was promoted to be a full Dental Surgeon to the Dental Department for Children in 1958. He held, of course, National Health Service Consultant Status from the time he joined the Senior Staff.

When Mr. R. E. Rix retired in 1965, he became Dental Surgeon in charge of the Department for Children in Guy's Hospital and continued so until his retirement in 1973, though in the meantime the title of his appointment was changed to Consultant Dental Surgeon in the Dental Department for Children, and Consultant Orthodontist to Guy's Hospital.

In 1959, he retired from private practice to combine his Guy's appointment with that of Consultant in Dental Surgery (for Orthodontic work) at Orpington Hospital and the Memorial Hospital, Shooters Hill and so became a full time N.H.S. Consultant.

He maintained some general practice as well as his specialist practice for many years, and it was this which gave a special flavour to the understanding and practice of orthodontics which he so ably passed on to generations of Guy's students. This also helped to produce a breadth of experience which was recognised by his colleagues nationally in the British Society for the Study of Orthodontics, which he served as a Councillor, Secretary and President. It was during his period in the chair that the Society held its first "Country Meeting" in 1955.

The recognition of colleagues was also exemplified by his service on the Board of the Faculty of Dental Surgery of the Royal College of Surgeons of England, and his searching but kindly examining of undergraduates and postgraduates for the Royal College and the University of London.

The Minister of Health appointed him to serve on the Standing Dental Advisory Committee in 1953 and to part-time membership of the Dental Estimates Board in 1954.

A list of his achievements, honours, publications and appointments can only produce an outline of the man. He was much more than a sum of those parts.

He had a penetrating understanding of people and the problems before him, a dry wit which was not always appreciated and could be cutting, but a great caring sense. To generations he was known affectionately as "Pussy" Pringle – partly perhaps for the smile which was almost always present. It may be that the very real kindness, understanding, steadfastness and that persistent smile with the occasional full and quite typical laugh are what we will remember.

He shared a happy, tranquil retirement with his gentle, charming and supportive wife in his delightful home in Westerham, enjoying the pleasures of his garden with its surrounding open countryside and woods and multitude of wild life, at peace with the world, but sad, of course, because their son was not spared to enjoy it with them.

With much affection we respect his memory, recall all that he has done for his Hospital, his profession and so many members of it, and offer our sympathy and support to his widow, Greta.

A. C. C.

Clubs' Union News

In the early evening of Tuesday, 2nd March, I ventured into the Hole in the Wall at Waterloo. This was the neutral ground that Frances Forrest, President of the St. Thomas's Union, and I had chosen for our first meeting. Previous to this occasion, I had met the treasurer of the Union, John Hodgson, at St. Thomas's and having been recognised, I was called over to meet Frances and a few other people from her Union.

We had a most amicable and constructive chat about the many and various ways in which the two Unions could play a part in re-establishing the historical ties between the two hospitals. We both agreed that the political discussions surrounding the merger of the two schools was outside our brief and that we should concern ourselves with the social and entertainment aspects of the impending merger.

Ian Abbs, vice-president of St. Thomas's Union, suggested that emphasis should be firmly placed on the historical bonds between the two hospitals, and that a major exhibition on this topic would be an admirable way of marking the rebirth of the United Medical Schools. To this end, I have already made initial enquiries to some of the people who would be interested in setting up an exhibition; I would also like to appeal through this article to anyone who has any ideas or suggestions concerning such an exhibition to write to me. Other arrangements between the two Unions were discussed:

(1) A reciprocal arrangement concerning functions of interest to both campuses will ensure that St. Thomas's students will know of entertainments here and *vice versa*.

(2) The two Pupils' Physical Societies are holding a joint meeting at St. Thomas's on 20th April 1982. Watch noticeboards for details.

(3) The St. Thomas's Rag Week starts on 23rd April and details of functions during their rag week will be posted at Guy's.

(4) Students of St. Thomas's will be invited to come along to the Summer Festival at Honor Oak Park on June 5th.

(5) Both Union's officers will be meeting again late in March to discuss further projects.

Summer Festival, 5th June 1982

So far, The Team, that hardcore of individuals that runs much of the social calendar at Guy's, has brought you some amazing opportunities to get involved and enjoy yourself. The Summer Festival will be no exception. Festival '82 is going to be different. The principle reason for this is that all the proceeds from the Festival will be going to the Stephen Duckworth Appeal.

All constituent Clubs, sporting or otherwise, should bear this in mind and start thinking now of how they are going to raise money during that day.

All the usual events will take place:

(1) The marathon from Guy's to H.O.P. This will be a sponsored marathon.

(2) The Football 5-a-side.

(3) The mixed rugger.

(4) The Tennis Tournament.

(5) *The stalls – these need to be manned all day.* If you or your club would like to run a stall, and run it WELL, get in touch with Sarah Wollaston. If you want to know what stall equipment is available, go and see Eric Dann at H.O.P. If you need ideas on what sort of stall you could run, go to a local Village Fête and see how they make money out of nothing.

There will be a Real Ale Bar and a Barbeque, attractions of various *kinds, a twilight jazz band, string and barbershop quartets, marching bands,* and the Plasma Roadshow. Final arrangements will be posted around Guy's and advertised in the *Gazette.*

Sarah Wollaston will be looking for lots of help on the day manning the gate and doing other jobs. Please do give her your name if you would be interested in being of assistance.

I would like to make it very clear that *anyone* from Guy's and their family is very welcome to come – this is not an event simply for students. There will be plenty for the family to do as well; Senior Staff therefore take note! You are invited!

Finally, Guy's is sending a delegation to the Medical Schools Societies' Information Service conference in Belfast. We are going there to learn from others how they run their Unions and Societies – but we shall also be telling the conference some of the successes this Union has had, sucesses which are largely due to an increased amount of student involvement and interest.

Lawrence Maule.

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 12 days before publication. Copy dates for the next two months are May 14th and June 11th.

Copy may be sent to us at Mary Sheridan House, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers. When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).
Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

Dental Notes

by A. D. Robinson

Recent events have been a reminder of the importance of keeping in touch in the Guy's dental fraternity.

There was much dismay some years ago when publication of the Guy's Directory (Medical, Dental and Administrative) was discontinued. The one I have is dated 1969, a most valuable book to which I made constant reference, indeed I still do, though it is hopelessly out of date. In 1978, realising that there was no likelihood of a new edition of the combined directory, Professor Richard Johns, together with Miss Pat Sheehy and others in the Medical School Office, produced a Dental Directory. As there had been a long interval since the 1969 blue book, this inevitably had some errors and omissions, but it was a foundation on which to build. Since 1978, Miss Sheehy has produced addenda year by year which have been available on Clinical Day. She has now produced a new edition, as complete as available information permits – but of course she cannot guess when people move house, she must be told.

The Dental Society has been able to help a little in this. For instance, it is interesting how many changes of address have come to light as a result of my efforts to promote a dental dinner. There seems to be a jungle telegraph about such things.

A question comes to mind concerning this dinner on Wednesday, 12th May. We are arranging it, as was traditional, for Guy's dentists and professional guests, but is that what is wanted nowadays? Should spouses or non-professional guests be allowed? When these dinners were first held, Guy's was an entirely male school, but for 33 years now we have had an increasing number of women graduating. How do they see it? Would more of them come if they could bring their husbands and, for that matter, have the men changed their outlook in this matter?

Clinical Day is a major element when it comes to keeping in touch. This year, in giving the first W. E. Herbert memorial lecture, Professor Rowe happened to comment that he thought there might not be anyone present who was taught by J. B. Parfitt, Professor Herbert's predecessor. There were, though, two members of the audience who called out that they had. J. B. Parfitt retired in 1929, I believe. Each first Saturday in March we are impressed and delighted at the number and age range of those who make this annual pilgrimage. It is very rewarding for the staff who put so much work into preparation of exhibition material.

It can be written now – it had been hoped that we could make the dinner in May a special celebration of Mr. Kenneth Hooper's 90th birthday, but sad to say this cannot be. His recent death is reported elsewhere in this issue. It will be remembered that he did come to the Dinner and Ball in 1981 at the age of 88. How was that for keeping in touch? The death of Mr. Kenneth Pringle is also reported in this *Gazette*. Many generations of Guy's dentists will mourn the loss of these much respected former dental teachers.

After these solemn words, we turn to the other extreme of the life cycle to congratulate Tom, and Heather (Dr. and Mrs. Pitt Ford) on the birth of a daughter, Alexandra. It has been remarked that the move to the Tower resulted in a degree of estrangement for members of the dental staff in different departments. This may have been true of some, but clearly it is not true of others.

Immunological Disorders of Peripheral Nerves

by **R. A. C. Hughes**

Part 2. Possible mechanisms of spontaneous polyradiculoneuritis

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In the second and final instalment of this article, we consider different forms of polyradiculoneuritis which lack adequate explanation. We will consider how far the immune responses described in peripheral nerves might account for their features.

Marek's Disease

Marek's Disease, a herpes virus infection of chickens, produces a peripheral neuritis which resembles both experimental allergic neuritis (EAN) and human acute polyradiculoneuritis. The infection is associated with the development of immunity to neural antigens. The virus is shed in dander from feather follicles, spreads by inhalation and causes intense infiltration of the nerves with lymphoid cells which may subsequently become neoplastic. The early stages of the infiltration are associated with myelin breakdown both by macrophage stripping of lamellae and by extra-cellular vesiculation. The immune response might be directed against viral antigens expressed in the nerve, an example of the bystander effect. Virus is latent in the nuclei of non-myelinating Schwann cells where capsids can be identified if explants of nerve roots are cultured (*Stevens et al* 1981). On the other hand, the demyelination might be produced by an auto-immune response. Affected chickens have circulating antibodies which react with peripheral nerve myelin in an immuno-fluorescent assay and give positive delayed hypersensitivity skin tests with homogenates of peripheral nerve. The nature of the antigen against which these responses are directed is not known, but we have not been able to detect antibodies to bovine P_2 in the serum of chickens with Marek's Disease. The relative importance of the anti-viral and auto-immune responses in producing the peripheral nerve damage is not known, even in this animal disease where the causative virus has been clearly identified.

2. Human acute polyradiculoneuritis

Human acute polyradiculoneuritis (AP) follows many different virus infections, and sometimes mycoplasmal, or bacterial infections or an apparently non-infected surgical procedure. The clinical features were described by Landry in 1859 and the characteristic elevation of the cerebrospinal fluid protein by Guillain, Barré and Strohl in 1916. In a series of 220 patients, 15% had raised IgM antibody titres indicating recent cytomegalo-virus infection and of 100 patients, 8% had similar serological evidence of recent Epstein-Barr virus infection. Therefore a quarter of cases of AP are preceded by infection, not always symptomatic, with one of these two viruses (*Dowling and Cook* 1981). The ensuing clinical illness follows such a stereotyped pattern that it is usually diagnosed by the first doctor who sees the patient (provided that he/she does not misdiagnose the patient as "hysterical"!). Progressive tetraparesis with disappearance of the reflexes reaches its worst within four weeks. Sensory symptoms and pain may be present at the onset but objective sensory loss is usually slight. The cerebrospinal fluid protein becomes elevated after the first week whereas the cell count remains more or less normal. Recovery is usual although even with modern intensive care facilities 5% die in the acute stage. Argument persists as to the exact limits of the syndrome to the extent that Guillain was eventually driven to admit that he could no longer recognise the syndrome which he and Barré had described! Helpful but arbitrary criteria were laid down by an American committee in 1978 (*Table 2*). Since there is a wide range of precipitating agents and variability in outcome, it remains possible that AP is a heterogeneous syndrome containing several forms of peripheral neuritis, each with a different immunopathogenesis.

Table 2. Criteria for diagnosis of acute polyradiculoneuritis

Required criteria	*Supportive criteria*		
	Clinical	*CSF (after one week)*	*EMG*
1. Progressive weakness > 1 limb	symmetry	protein raised	conduction slowed or blocked
2. Progression < 4 weeks*	mild sensory signs	cells ⩽ 10/μl	
3. Areflexia	cranial nerve involvement		
	autonomic nerve involvement		
	no fever		
	(recovery)		

After *Asbury et al* Ann Neurol 1978 **3** 565 – 566

* In the original criteria progression < 4 weeks was only a supportive criterion, but an arbitrary cut-off point is necessary to distinguish acute from chronic cases of polyradiculoneuritis.

The pathology of AP was shown in a light microscope autopsy study to resemble EAN closely (*Asbury et al* 1969). The earliest lesions consist of perivascular cuffs of lymphocytes and macrophages in the roots and nerves. Subsequent electron microscope studies of autopsy and biopsy material showed that demyelination proceeded only in close relation to macrophages. Processes of these cells penetrate and phagocytose myelin lamellae. Myelin destruction by extracellular vesicular dissolution occurs to a lesser extent and is always associated with macrophage infiltration. The histological appearances resemble EAN rather than galactocerebroside neuritis (*Prineas* 1981).

The clinical immunological evidence linking EAN and AP is less strong. Greatest interest would attach to evidence of cell-mediated immunity to P_2 or other nerve antigens. Intradermal skin tests with neuritogenic proteins are impossible for ethical reasons. *In vitro* tests of lymphocytic transformation and macrophage migration inhibition with nerve homogenates and purified P_2 protein have been reported positive, but doubts remain about whether these results are specific for AP and indicate a biologically meaningful reaction (*Hughes* 1979).

Several reports of anti-nerve antibodies in AP have been published. The most interesting is the report of Cook and colleagues that sera from AP patients demyelinate explant cultures of nervous tissue. This phenomenon has been confirmed and the effect appears to be due to complement dependent IgG or IgM antibodies (*Cook and Dowling* 1981). There are two problems in interpreting these results. Firstly, a third of sera from patients with other neurological diseases produced similar effects. Secondly, the demyelination affected central nervous system as well as peripheral nerve myelin, whereas in AP only the peripheral nerves are affected. Interest is currently centred on the effect of AP serum injected into rat nerve *in vivo*: preliminary reports suggest that AP serum does contain factors which block conduction and minor degrees of cellular infiltration and demyelination. While these findings appear to be relatively specific for AP, it is not yet clear whether the responsible factors are specific antibodies or acute phase reactants. Reports of antimyelin antibodies detected by immuno-fluorescent techniques in AP have to be interpreted with caution. Staining can only be detected at low dilutions and normal individuals also give positive results (*Cook and Dowling* 1981). The positive results reported could be due to nonspecific staining caused by the adherence of immunoglobulins to Fc receptors on the myelin surface. Nevertheless, the reports of serum factors which react with nervous tissue and cause demyelination *in vitro* are sufficient to keep alive the possibility that antibodies are important in AP. Antibodies to galactocerebroside and P_2, the two antigens specifically implicated in experimental auto-immune polyradiculoneuritis, have not so far been discovered in human AP.

The other useful immunological information about AP concerns the use of steroids. For 25 years steroids were used with conflicting reports of efficacy. Then the effect of prednisolone (60 mg daily for one week, 40–30 mg for the second week, and then continued discretionary dosage) was tested in a multi-centre controlled trial. There was no evidence of any benefit and recovery was significantly delayed in the prednisolone treated group (*Hughes et al* 1978). This result is not easy to reconcile with an autoimmune hypothesis for the cause of AP. It is possible, however, that steroid treatment either suppresses a population of suppressor cells which normally inhibit the myelinotoxic immune response or else delays remyelination.

By way of summary, the features of EAN, Marek's Disease and AP are compared in Table 3. The histological resemblance between AP and EAN is the strongest evidence that the two share immunological mechanisms. The neuritogen for EAN is known to be P_2. The autoimmune pathogenesis of AP has not yet been established by clinical immunological tests and no autoantigen responsible for AP has yet been identified.

Table 3. Comparison of EAN, Marek's Disease and acute polyradiculoneuritis

	Experimental allergic neuritis	*Marek's Disease*	*Acute Polyradiculoneuritis*
Lymphocytic infiltration	+	++	+
macrophage induced demyelination	+	+	+
Neurotigenic antigen	P_2	?	?
Cell-mediated immunity to P_2	+	?	?
Antibodies to P_2	+	0	0
Suppression by steroids	+	?	0
Herpes virus infection	0	100%	25%

3. Human chronic relapsing polyradiculoneuritis (CRP)

If there is no proven treatment for AP, the same does not apply to CRP which responds to steroids and other immunosuppressive agents.

Patients with AP progress to their peak deficit within 4 weeks while patients with CRP have a more chronic illness, deteriorating over several months and usually pursue a relapsing course. The condition is so chronic that the efficacy of steroids can be demonstrated repeatedly in the same patient. Although patients with AP do not show an association with any particular HLA haplotype, patients with CRP show an increased incidence of HLA-AI, –B8 and –DRW3, the same haplotype which is associated with myasthenia gravis and other autoimmune disorders. The histological appearance of the nerves from patients with CRP also resembles AP and EAN so that they may share immunological mechanisms. There have been insufficient clinical immunological studies to either support or refute this hypothesis.

4. Other animal polyradiculoneuritides

Spontaneous AP occurs occasionally in dogs and cats and resembles the human disease. Some dogs develop "coonhound paralysis" several days after a raccoon bite. This curious state of affairs arises because raccoons are hunted in North America for their pelts which cost $30 each. Coonhound paralysis consists of a flaccid tetraparesis developing over several days causing respiratory failure and then gradually disappearing. The dogs recover completely, but may become paralysed if they are bitten again. Neurophysiological tests indicate that nerve conduction is slowed, suggesting demyelination. Histologically, there is the same primary demyelination and infiltration of lymphocytes and macrophages seen in EAN and AP. The agent responsible for this dramatic canine illness has not been identified. Susceptibility is genetically determined. On one occasion, an injection of raccoon saliva into a susceptible dog caused a relapse. An auto-immune mechanism seems likely but has not been established (*Cummings and Holmes* 1979). We have been unable to find significant levels of antibody to P_2 in the sera from dogs with coonhound paralysis provided by Dr. Cummings.

Another relevant condition is cauda equina neuritis of the horse. This presents as a progressive cauda equina syndrome with paralysis of the tail, sacral analgesia, and in advanced cases, paraparesis. That this is a more generalised problem is evident in some horses because of concurrent facial palsy and trigeminal nerve affection. Histologically, there is extensive cellular infiltration and destruction of the distal spinal nerve roots with a granulomatous reaction including giant cell formation and extensive fibrosis. In the proximal parts of the spinal nerve roots, the damage is less severe and primary demyelination with macrophage stripping of lamellae and vesicular dissolution have the same appearance as EAN and AP. No evidence of bacterial, tuberculous, fungal or other infection is found. *Kadlubowski and Ingram* (1981) have found antibodies to bovine P_2 in the serum of 5 or 6 horses with this condition, but not in the sera of 10 normal horses nor of horses with other forms of neuropathy. This is the only naturally occurring condition in which antibodies to P_2 have been found. The auto-immune process which they indicate may be important. Equally, they might be the consequence of the severe chronic inflammatory reaction in the cauda equina. It is most likely that the inflammatory process in the cauda equina immunises the horse to P_2 and the remote cranial nerve palsies are a consequence of that immune reaction.

Summary

Table 4 summarises those peripheral neuropathies which may be attributed to particular immune mechanisms. IgE-mast call mediated diseases have not been identified affecting peripheral nerves. Galactocerebroside immunisation produces polyneuritis in rabbits by means of an antibody-mediated mechanism. Systemic vasculitis due to immune complex deposition may cause multiple mononeuropathy. Immunisation of rats with myelin produces classical EAN whose main mechanism is a cell-mediated immune reaction to P_2 protein which is more abundant in peripheral nerve than central nervous system myelin. Primary demyelination similar to that in *classical* EAN *may occur in response to a non-neural antigen*, as in the experimental tuberculin reaction. Intriguing animal diseases, Marek's disease in chickens, coonhound paralysis in dogs and cauda equina neuritis in horses, resemble human AP. We still do not know which immune mechanisms are *important* in their pathogenesis. Our approach to treatment remains empirical and we should be cautious about interfering with mechanisms we do not understand. The present evidence suggests that steroids delay recovery from AP but are valuable in chronic relapsing polyradiculoneuritis.

Table 4. Classification of peripheral neuropathies caused by immune mechanisms

Type of Hypersensitivity	Nerve Antigen	Non-nerve Antigen
II Antibody	*Galactocerebroside neuritis* Antinerve paraprotein neuritis	
III AG-AB complex		vasculitis including: *essential mixed* cryoglobulinaemia SLE, PAN
IV Cell-mediated	*EAN*	*intraneural tuberculin reaction* leprosy
	——? Marek's Disease Acute polyradiculoneuritis Chronic polyradiculoneuritis	?——

Acknowledgements

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Guy's Hospital 250th Anniversary

The Lord Brock (Part 3)

In 1860, while still in the Borough and our next door neighbour, St. Thomas's took the important step of welcoming the Florence Nightingale School of Nursing. In December 1879 a new matron, Miss Burt, was appointed to Guy's and she introduced, with the approval of the Treasurer, a new scheme for the reform of nursing which she had successfully introduced at Leicester Infirmary, based on the Nightingale principles, which were essentially to make the nurse a trained collaborator or partner with the doctor rather than simply a source of labour. This unfortunately led to a dispute between the medical staff of the Hospital and the Governors that culminated in the Governors upholding the matron's policy and requesting the resignation of the senior physician and senior surgeon. There was much unfortunate newspaper publicity in which the *Guy's Hospital Gazette* joined and so was suppressed by the Governors for six years. The Medical staff gave way and an amicable settlement resulted. The Nurses Training School was founded in 1880 and I need scarcely remind you has gone from strength to strength ever since. The organisation of nursing has undergone further radical changes in the recent administrative reforms.

In the pre-Nightingale era we read much of the short-comings of nurses. I doubt if these defects were the whole story. Human nature and especially feminine nature does not change as rapidly nor as fundamentally as that and not all pre-Nightingale nurses were of the Sarah Gamp type. The medical staff did stand up for them valiantly and at their own peril and must have respected and admired many of them and many, perhaps most, served the Hospital and the patients faithfully and well; it would be wrong to think otherwise. I have to tell you about one of them, Margaret Keogh, the daughter of an Irish farm labourer born in 1822 and who in 1853 married a tailor who worked in Bermondsey. They had 5 children, three of whom died: her husband also died in Guy's and she was given work as a ward maid and later as a nurse by the matron, Miss Loag. She progressed to more nursing duties and after a few years was made night nurse in the Casualty Department, a position she held until she retired in 1897. As you will see this overlapped the great changes that took place in nursing. Generations of house officers and students knew and admired her and learned much from her. She acquired a great store of practical wisdom from her many years of night duty in the Surgery. A few months after she retired she had the misfortune to fall and break her thigh and died in Lydia ward. Her photograph hung for many years in the Front Surgery and this I am fortunately able to show to you. The new matron had brought great good to the Hospital with the new nursing but Mrs. Margaret Keogh survived long years to show what good the old style nurse at her best could do.

I feel privileged and honoured to be able to accord to this lady fresh recognition of all that she did for Guy's over nearly 40 years and I am sure that in this I would have the support of the many men and women who, nearly a century ago, knew and admired her. She also recalls the early close association we had with St. Thomas's Hospital that I have referred to so much. For when she first came to work at Guy's, probably about 1863, St. Thomas's was just being pulled down, its many centuries in the Borough having come to an end.

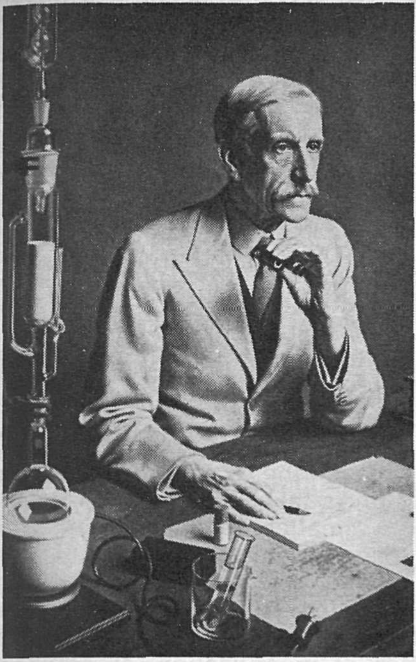
I feel that I have paid scant attention to many of our physicians of this great period and you must forgive me if I have not mentioned many that I should have. I began with a surgeon and I must mention others. Sir William Arbuthnot Lane carries a great name in surgery, especially for the contributions of his early and middle years. He deserves credit for being the first to recommend resection of a segment of rib to provide adequate drainage of an empyema, especially in children. This he advocated as long ago as 1883 and reported in the *Guy's Hospital Reports*. He was one of the first to drain an infected mastoid antrum. His greatest advance, however, was his insistence on the basic treatment of fractures which used to be "set" in a crude way and often with entire neglect of anatomical reduction. He insisted that the essence of a good functional result was good anatomical reduction. To achieve this he pioneered open reduction and internal fixation and to this end he developed an aseptic technique known as "no touch" surgery.

He was active in the period before the First World War. He had his critics but the justification and correctness of his teaching is increasing year by year. The means and methods of securing good internal fixation have improved enormously since his day, especially in regard to the type of metal splints, plates and pegs used for internal fixation, after careful open reduction. The modern wide acceptance of his principles is very impressive and for this he deserves full credit.

Sir Henry Howse shares with Marcus Beck of University College the credit of introducing Lister's antiseptic technique to London. Howse in 1870 followed on the staff John Hilton, another of our great surgeons, and at once went to Edinburgh and brought back Lister's methods to Guy's. Howse was President of the Royal College of Surgeons in 1901 and 1902.

In my somewhat brief survey of the Guy's men who contributed to this great period of Guy's, I conclude with two men of exceptional brilliance who were neither physicians nor surgeons but were men of pure science and, although they were both students at Guy's and lectured there, they carried out their best and most important work after leaving Guy's and, as you will see, thereby hangs a tale. I refer to Professor E. H. Starling the great physiologist and to Sir Frederick Gowland Hopkins who became Professor of Biochemistry at Cambridge.

Starling came to Guy's as a student in 1882 and was in due course appointed demonstrator and then joint lecturer in physiology. In 1892, while still at Guy's, he published the first edition of his great work "The Elements of Human Physiology". The School was slow to recognise the value of his work and to reward him with a fitting appointment of independance and seniority. It was not until 1899 that it proposed to do so and by that time he had been invited to become Professor of Physiology at University College. He remained a loyal friend of Guy's and in 1914 returned for a short time to brush up his clinical knowledge before taking a war-time post at the Herbert Hospital.



Sir Frederick Gowland Hopkins, Guy's 1888-1894, our most celebrated former Editor. Gowland Hopkins was knighted in 1926 and was awarded the Copley Medal of the Royal Society in the same year. He was awarded the Nobel Prize in 1929, became President of the Royal Society in 1931, and was honoured with the Order of Merit in 1935. He died in 1947.

Hopkins first came to Guy's as a laboratory assistant to Sir Thomas Stevenson, in whose laboratory he worked for 5 years. In 1888 he entered as a student intending to become a lecturer in Forensic Medicine. He qualified in 1894 and became Assistant in the Department of Physiology and later Demonstrator and was closely associated with Starling. He also was not to stay at Guy's for, as with Starling, the need to obtain a more adequate salary than was obtainable at Guy's led him in 1898 to accept an offer to go to Cambridge as a lecturer in Chemical Physiology. In 1912 he published his epoch-making paper on accessory food factors now more commonly known as vitamins. His great work in biochemistry was therefore done after he had left Guy's but we should remember him as first a Guy's man. He became President of the Royal Society and was awarded a Nobel Prize.

Dental Society

"Homicide and the Dentist" by B. G. Sims, B.D.S., L.D.S., R.C.S.

Report by Douglas Miller

Of all the aspects of dentistry I have so far encountered, none has been more morbid or fascinating than that in which Mr. Sims has specialised. The talk was introduced by Professor Rowe who described Mr.

Sims as a "rare-bird" amongst dentists—he has an international reputation as a Forensic Odontologist. As there are only thirty such people in the U.K., Mr. Sims is in great demand; indeed, he had recently returned from a case In Australia. Mr. Sims is a senior lecturer in Forensic Odontology at the London Hospital Medical College.

Identification of a cadaver is a very important feature of Mr. Sims' work and is not as straightforward as one may think. Personal identity may be spurious; a body may have another person's clothing or jewelry on it. In one instance, a passport found in a jacket breast pocket of a passenger in an air crash did not in fact belong to him; his passport was tucked into his hip pocket and he had stolen the former one. In death, facial features are reposed, making recognition difficult. Mr. Sims was amazed at how quickly some relatives could identify the distorted faces of their loved ones after a split-second glance, and he felt sure that a dead cat put in the place of a dearly-departed relative would go unnoticed.

Identification of a hand found immersed in water may be made by examining the fingerprints. In such a case, the epidermal pads are dried with a hair-dryer and an impression is taken of the whole hand. The resulting "glove" is placed over a smaller person's hand. This person then presses his gloved hand onto a fingerprint card and thus he produces "fingerprints by proxy". Even when skin is burnt, the rugae remains; and of the thirty-seven victims of a fire in Soho, half of them were identified by fingerprints from criminal records and the Aliens Office. Tattoos are a good means of identification, as are dentures; it is, however, important to establish that the denture fits in the cadaver's mouth, because the denture found *in situ* may not belong to that body.

Mr. Sims "patients" are ideal; they all lie down, none of them answer back, and they never quibble about suitable appointment times. However, problems do arise: sometimes a cadaver's mouth cannot be opened, as in the case of severe facial burns. Mr. Sims was asked to investigate a case of a lady who had been murdered in Plumstead. Her nose, eye, and one of her breasts had been found scattered about her house. The remainder of the body with that of a child was discovered lying prone in a bath. The upper half of the body was burnt, whilst the lower portion (which was bathed in blood and body fluids), remained intact. The murderer had forgotten to take the plug out of the bath and thus, as the corpse was burning, accumulated body fluids settled in the bath and eventually dowsed the flames. The lady in question was identified by her fillings. Bitewings were taken and although the intense heat had driven off some of the mercury in the amalgam, a local dentist recognised the X-rays. The lady was an "Avon-Lady" who had been burnt with her own spirit-containing cosmetics, having been stabbed with a carving knife. The child had had a two-pronged carving fork pushed through its face.

Mr. Sims described several cases and I will outline some of them. A man was found floating off the coast at Worthing by two Sussex policemen (it was in fact their first and only catch of the day!). The corpse, on examination, had a crescentic depression on the gingivae above the upper left central incisor. Mr. Sims immediately looked for, and found, the missing prosthesis (a bridge) under the corpse's tongue. It transpired that the person involved died of acute lead poisoning. Academics would have one believe that there is no such thing, only chronic lead poisoning being capable of causing death: however, when four lead bullets from a small calibre gun are found lodged in the body's head and neck, the evidence is irrefutable!

Some years ago, a lady was found floating in Dover's drinking-water supply. She had been there for two years. The Area Health Authority was quick to point out that no cases of diarrhoea or vomiting had been reported during that time. The body had adipocere on it (this forms no earlier than six months after immersion in water), and was found wrapped in wire with concrete posts attached to the legs. After seeing the corpse, the Dover C.I.D. representatives felt so ill they all had whisky and water to calm their nerves; on being told where the water for their whiskies had come from, they *were* violently ill; since then they only order gin and tonics! The lady was edentulous and had pronounced irregular bony ridges (that presumably were healing after recent extractions). Six women in the area were found to have had a history of recent extractions and one of the dentists had a set of dentures which fitted the cadaver precisely.

In another case, two merchant seamen had had a fight aboard their vessel one night, one went back to his cabin and the other had a three-week underwater swim in the harbour. While submerged, the seaman's body was churned up by a ship's propeller and, having settled on a mudbank, it was crushed by the weight of a barge which came to rest upon it when the tide went out. The body was in such a state that it had to be "unwrapped" when found. Obviously it would have been virtually impossible to identify the corpse, but Mr. Sims cooly prised open the mouth of the body and fished-out a set of self-marked dentures bearing the name "McCarthy". The local C.I.D. explained that in seamen's hostelries, the dentures are cleansed overnight in a communal bucket, so to avoid loss, each denture is marked; Mr. Sims chose to take this idea with a very large pinch of salt.

Mr. Sims is called upon to help investigate air disasters. This is a major task, for if two jumbo jets were to collide over a city area, many thousands of people could die. At the scene of the incident, each separate part is labelled. Mr. Sims illustrated this point rather well with a slide of the aftermath of an air crash. A torso was sprawled out on some grass and nearby was a head severed at the neck, each part was labelled separately because the head and body need not necessarily be from the same person. Aircrash sites must be guarded because souvenir hunters steal jewellery and wallets from the corpses. Yugoslavian authories shoot trespassers in an aircrash area, and this means Mr. Sims sometimes has extra post-mortems to carry out! The bodies are put into "body-bags". They are nowadays embalmed but at one time they were put into refrigerated trucks for transportation. This method has its drawbacks, namely, it takes four to six hours for the bodies to thaw out, and the idea of a famous brand name meat-paste van carrying corpses to and from aircrash sites is a little disturbing. The personal details of each body are entered on a "fatal aircraft accident victim identification and autopsy form". These forms are colour-coded, blue for males and pink for females.

One of the most interesting cases reported to the audience concerned two dead children found in a wood. At the same time, two children had gone missing. It was Mr. Sims' task to find out whether the two sets of children were the same. The missing girl was eleven and a half years old and the missing boy was twelve. The school dental records of the missing pair only gave details of the children's deciduous dentition. The skeletal, dental and anatomical age of the boy's corpse corresponded to that of the missing boy. But the female corpse's developmental age didn't tally with that of an eleven and a half year old girl. The missing girl had had an infection when she was nine months old and later she had had a lung abscess. On both occasions, tetracycline had been administered there being four doses in all. This antibiotic causes staining of teeth. The corpse's teeth were sectioned and the number of tetracycline bands counted. If four separate bands had been found, this would have been the first case of identification by such a method; however, seven bands were found so the test was inconclusive. The corpse's palm print corresponded with that of a palm print found on the missing girl's school book, so the corpse was that of the girl. Mr. Sims' work, however, did establish an interesting point. By lead acetate assay, the incremental growth of enamel had been estimated at 2–10μm/day; but by assay of tetracycline deposition, he discovered that the incremental growth is only 0.5μ/day.

Bite marks are a useful method of identification and sometimes have even greater value to the investigator of a crime. A man claimed that after an argument and a tussle with his wife, he accidentally shot her in the midriff with a shotgun, whereupon she fell against a doorpost and injured her face. The gun wound entered her body in the back near her shoulder (this implies that either the leadshot took a pretty tortuous route, or he was lying). There were no traces of the woman's clothing on the door post to account for such a fall and, furthermore, there were tooth marks on the side of the shotgun butt. It transpired that the shotgun was shoved into the face of the woman, her lower incisors leaving a clear mark on the side of the butt. The man was charged with murder and received a life sentence.

To illustrate that all is not what it seems, Mr. Sims showed a slide of the upper half of a woman's body (or so the audience thought). After an aircrash some time ago, the number of dead males and females were routinely counted. It was found that there were six too many females aboard the flight. On closer inspection of the bodies, six of the corpses had both breasts and a penis—it transpired that some transexuals had been travelling together, and, instead of a proper examination being conducted, the sex of every passenger had been determined by a breast count!

The turnout at Mr. Sims' talk was magnificent and so powerful was the material that the audience was too shocked to speak at the conclusion of the meeting; indeed, only one question was asked. Mr. Sims had a very engaging manner and I'm sure the audience forgave him for his "dead-pan" humour. The Dental Society is extremely grateful to Mr. Sims for a highly entertaining and well illustrated talk. The meeting was kindly sponsored by Oral-B Products Ltd.

Charities' Week 1982

by the Nut Week Committee

Guy's Hospital Charities' Week, under this year's alias of *"Nut Week"*, was in aid of *"The Friends of Guy's Hospital"*. Over £7,000 was raised, which will enable the purchase of an operating microscope for the E.N.T. department, and a flexible sigmoidoscope for outpatients. Below are chronicled some of the events from which, due largely to the efforts of Guy's students, this impressive sum was raised.

C.H.

Stand and Deliver!

This was our theme for the day's collecting in Covent Garden. After the initial disappointment of not being able to blare out Adam and the Ants as our signature tune (the noise of the portable generator drowned it and the machine spewed out nasty clouds of grey smoke), we improvised, and used a borrowed cassette recorder.

John, complete with musket, cape and breeches, played the part of our highwayman convincingly, drawing the crowds and then forcing them to buy Nut Mags. Sue tried a different line of attack in wearing her nurse's uniform. The driver of our truck (kindly supplied by Whitgift Truck Hire Ltd.), Simon Haskell, was smartly attired in a grey suit (and looked like a gangster with his dark glasses and hat), while the rest of us scurried within the confines of Covent Garden in surgeons' gowns and caps (sounds more like a theatrical production).

The public responded generously: *"Oh yes, I'll give you some money – I had a friend who died in Guy's"* and by the end of the day we'd collected dozens of tins filled with silver and stuffed with pound notes. A quick count in the office shop, back at Boland House, came to about £420 – and that wasn't including coppers.

Congratulations and thanks to all the gang who braved the wind and cold to collect. Especial recognition deserved by Kim Sutherby who thought of most things and did them!

K.P.

Lunch at Macdonald's

The idea of lunching at Macdonald's has, no doubt, often appealed to many of us. Charities' Week seemed an ideal opportunity to put this idea into practice. On two separate occasions, the team visited the Strand and Oxford Street branches, naturally attired in evening suits (with one highwayman). The tube lines provided an ideal time to accost people for their cash, and they were fairly productive. At the restaurants themselves, customers seemed to accept our presence in that "English" manner. The food was eaten and the polystyrene containers and cardboard trays are extremely convenient for carrying purposes, saving the embarrassing grease/tomato sauce stain so often found with inferior burgers.

M.O.D.

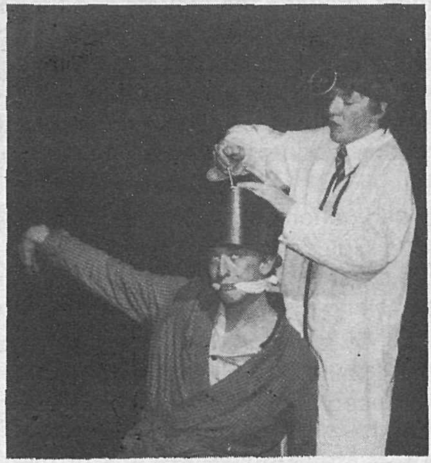
The Revue

After weeks of panic, delirium, frustration and fear, it all turned out right on the night. I'm not talking about the B.M.S. exam retakes, but, you guessed it, The Revue. Of course, it didn't happen by itself and if it wasn't for the valiant organising powers of Marcia Hall, and the ebullient enthusiasm of Don Creamer with their band of helpers, there wouldn't have been anything at all.

The first highlight of the night was, in fact, the audience – a near record crowd who crammed themselves into every available crevice, just to view our meagre offerings. The Radley School song sung by Dan, Richard Capp, John Latimer and myself seemed to set the scene for raucous events to follow, and set a pace which hardly ran down for the whole hour.

Another of the undoubted stars of the evening was Adam Searle. He wrote (and starred in) a couple of good duo sketches with Dan and Helen Rayner, which contained truly inspired (if not all original) material. He also sang a moving song about pacemakers with Pete Twomey, and, of course, was a member of the chaotic Biochemical Nightmare Team, including myself, Juliet Goff, and Simon Petrides.

J.E.



My modest contribution involved having my brains removed on stage (no it wasn't porridge!) and also participating in the *Merry Pheasant Pluckers* song. This amusing little ditty, befraught with innuendo, was accompanied by tossing sacks of chicken feathers over the front row of the audience: luckily we had no feather-allergic asthmatics in the vicinity.

One cannot finish without mentioning a few more of the more memorable moments. Helen singing *Hey Professor!* was divine, Juliet and Marcia singing the cat's chorus were feline, and Dan and John singing *Sisters* were disgusting! Despite the finale blatantly showing lack of rehearsal, the revue ended with a bang, and people were heard leaving saying, *"Well! wasn't that good!"*

J.E.

First Auction

A virile male from the rowing club, assorted females, a massage by 3 physiotherapists and many signed goodies from well known actors and D.J.'s were among the lots being offered to a large (and thankfully generous) audience in the Lower Spit at lunchtime on the first Friday of Nut Week.

Certain members of the establishment also received foam flans after some determined bidding by a minority group of sadists. By the end of lunch the various lots, collected by Astrid, Mary, Gill, "Bruce" and Linda, had netted about £200.

C. H.

Band Night in the Ballroom

A somewhat adventurously planned night, as it turned out. Booking four bands to play in one night caused total chaos when the "musicians" involved appeared within the space of one hour, to find that they had no proper P.A., and that the organiser had no idea of the programme of appearance.

Eventually, preceded by a spate of music from two members of the Guy's Real Ale brigade/Plasma Roadshow team, *Kaleo*, a Guy's band Folk/Rock group, played a competent and thoughtful set through a P.A. kindly loaned by *Kapow*. Following further chaos during the changeover, *Furniture* appeared on stage and played some loud and enjoyable rock, even managing to produce slight limb-twitching among certain members of the audience.

Rye and the Quarterboys, the "main attraction" of the evening, played soul music to an obviously impressed crowd, but individually seemed somewhat unimpressed with the general disorganisation which surrounds most of Guy's events. *Kapow* completed the evening with more good solid rock and have since appeared to entertain and amuse students socialising in the bar. All in all, not a great profit-making evening, but one enjoyed by all those present.

M.D.

School Kids' Dinner

When the event was first advertised many students seemed to believe that a large number of schoolgirls (and some boys!) were to appear at Guy's for our pleasure during the Week. It was eventually established that students were to dress as schoolchildren, thus fulfilling the purpose without presenting an "underage feel" to things.

The event ran smoothly, and an appearance was made by a bearded lady who one other female seemed curiously attracted to. The *"Plasma Roadshow"* played on top form, while Charlie Corner organised "silly games" to keep the kiddies occupied. Eating doughnuts on a string is extremely messy when the doughnuts are covered in sticky chocolate. Tasteful decoration was provided by way of Macdonalds' polystyrene gliders and models of Busby. The evening was a great success and even saved some money.

M.D.

Cartoon Auction

The Second Auction was held in the time normally set aside for the

Staff Round. A number of well known cartoonists from both this country and abroad had donated cartoons to Nut Week.

Mr. Richard Came, senior auctioneer at Sotheby's, offered his services to Nut Week, and under his witty and coaxing hammer, many a bargain fell after some spirited bidding. The largely student audience had £890 teased out of them, but everyone had a bargain. Cartoons by Mac, Trog, Dickens, Jak, Toussaint, Honeysett, Calman, and many others went for prices well below their estimated value. However, as can be seen from the final total, the event was extremely worthwhile.

C.H.

"Just-a-Minute"

"Just-a-Minute" was enjoyed by a capacity crowd and compèred by Tony Tammar (of the terrible ties and Biochemistry Dept.) in true Radio-4 style. Sweating it out were Drs. Brookes, Lovelidge, Bannister and Imms together with Adam Searle and Helen Rayner. What else could they do when asked to speak for one minute (without deviation, hesitation or repetition) on such topics as: *"Life as a sexually transmitted and fatal disease", "Rubber wear", "The last time I washed my denim skirt"* (guess who!) . . . to name but a few.

They more than coped however – Dr. Imms even managed to speak without deviating on *"Why women should be admitted to Medical School"* albeit for a few seconds only. All in all the quiz showed a lot of wit and spontaneity and was greatly enjoyed.

S.W.

Collecting During Charities' Week

After the rampages of Charities' Week, it must be impossible to overestimate the forbearance of the London populace. Throughout the week, innocent citizens were beset upon by the plundering hordes of Guy's students, with their own particular brand of moral blackmail. Despite the dubious truth of *"Help the Guy's students stop cancer"*, and the accurate, although baffling call to arms of *"Help the students buy a sigmoidoscope"*, the response of the public was overwhelming.

Everyone, from pensioners to skinheads, seemed to owe a debt to Guy's; *"Yeah, one of me mates had his leg off there"*, said one gentleman, who marked his gratitude for this operation with a £1 donation. Other comments included: *"My cousin died there"*, or *"It took them ten years to find out what was wrong with me, and then I had to go to Tommy's"*.

Much of the success of the collections must be attributed to the enthusiasm with which the students coerced their victims. It would have taken a strong man indeed not to have wavered in his resolution at the immediacy of John Edward's blunderbuss on London Bridge Walk. However, this peril behind him, there were no fewer than six rows of collectors (variously attired in highwayman's outfits, D.J.'s, white coats and clown costumes) and a string quartet to be negotiated; this proved to be difficult for even the most impassive City gent.

Many of the "Nut Mags" from Chris Hood's personal mountain were sold to unsuspecting gentlefolk, and these tomes will doubtless continue to shock for generations to come.

The collection on London Bridge, with the quartet (with music), and *with the tea-party (without tea), was the outstanding achievement for* the beleagured collectors, and many thanks must go to not only those who allowed themselves to be relieved of their encumbering silver, but also the organisers – July Henshelwood, and the ubiquitous Chris Hood.

J.L.

Pupils' Physical Society

A meeting of the Pupils' Physical Society was held on January 26th, 1982 in the Gordon Museum. Both speakers gave talks on the work they had each done during their Paediatric firm.

The standard of both presentations was excellent and it was pleasing to see such good use of the audiovisual facilities. However I hope that other students will not feel dissuaded from presenting projects or interesting cases, no matter how mundane they may be.

The next meeting of the Society is planned for March 9th. I hope that the Museum will be as full as it has been in recent meetings.

William van't Hoff.

Lawrence Maule presented the case (briefly outlined below) of an 11-year-old girl, born in this country, referred from another hospital on June 2nd 1981, with a two-week history of nausea, vomiting abdominal pain, anorexia and a one-week history of puffiness of the eyelids. She was known to suffer from the nephrotic syndrome; she had never had any of the bad prognostic features; she had a biopsy in 1974 which showed a minimal charge lesion and she has always been steroid sensitive. She was referred because her condition deteriorated dramatically and her lower limbs became pulseless below the femoral arteries on both sides. The diagnosis was of nephrotic syndrome in relapse complicated by hypovolaemia and arterial thrombosis.

After resuscitation, an aortogram showed total block of the aorta at level L3. A thrombectomy was performed which led to a slight improvement in her legs. The oedema of her legs however became much worse and a fasciotomy and subtotal fibulectomy was performed. There was a lot of post-operative bleeding and she became oliguric. She was put on haemo dialysis. On June 17th, 1981, she had bilateral amputations, on the left: below knee; on the right: through the knee.

Post-operatively her kidney function improved enormously and her management became centred around the problems, both medical and psychological of being eleven years old and without lower limbs. The patient was put through an extensive physiotherapy course to strengthen her quadriceps and trunk muscles. After some problems with the healing of her stumps, she was fitted with "pyhers"—a simple prosthetic leg structure. She continued having physiotherapy and became quite proficient on her legs. Just before Christmas she was fitted with a new leg system which is based on a tubular alloy structure with moulded foam pieces. These legs are lighter than older designs and are much more acceptable cosmetically. A video was shown of her walking on pyhers in September 1981 and walking with her new legs in January 1982.

The hyper coagulable state of the nephrotic syndrome was briefly discussed. It was stressed by the speaker that hypovolaemia is only one factor; In a selective proteinuria, certain factors involved in coagulation and fibrolysis are lost, the overall balance being tipped towards coagulation. The effect of hypoalbuminaemia or prostaglandins and subsequently on a platelets was outlined, as was the relatively recent elucidation of the role of antithrombin III in anticoagulation.

In last month's account of Peter Soothill's talk it was stated that only one village each in the Rural Health Scheme and from the control group were compared. In fact four villages from each group were studied. The study was undertaken whilst on holiday and not during an elective as stated. I apologise for any misunderstanding so caused.

Technicolour Murmurs

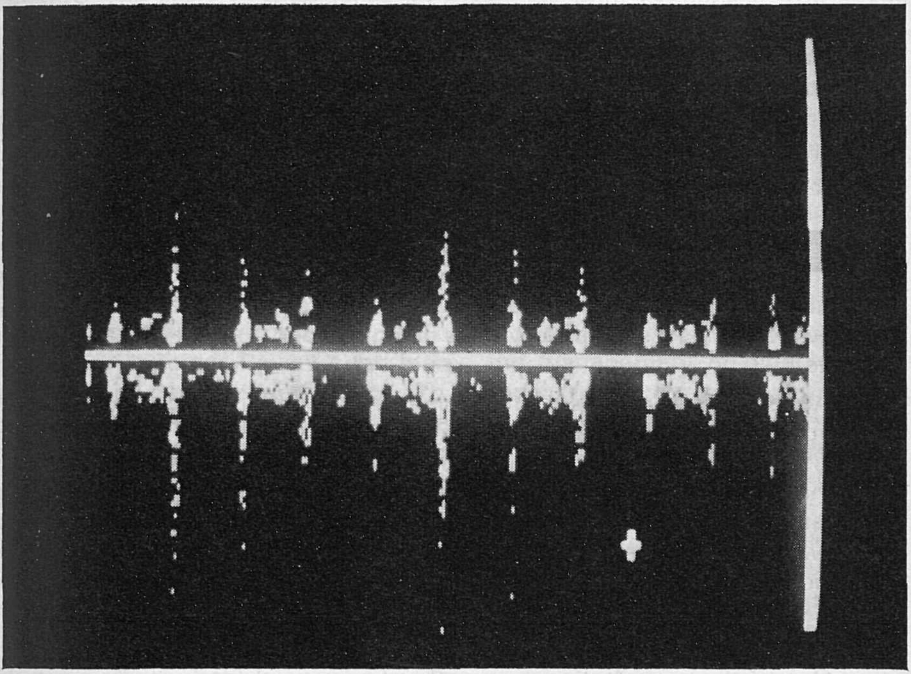
The second topic, entitled "Technicolour Murmurs" was presented by Timothy Houlding. His paper arose from a small research project, undertaken during the paediatric appointment, which had investigated five children presenting with ventricular septal defect using time-compression spectral analysis and a new mode of displaying phonocardiographic signals in colour—the first demonstration of its kind in Europe.

The author explained at the outset of his discussion that the techniques he had used had been developed at Guy's by the Medical School Department of Physics, in conjunction with the Ultrasonic Angiology Group based in Guy's Tower; he expressed his gratitude to them.

After establishing the objectives of the project, Tim Houlding moved on to a discussion of the mechanisms involved in murmur production, illustrating the rôle of vortical and turbulent flow with the Reynolds' Equation—this equation relates the likelihood of vortical and turbulent flow to certain variables: the density of the fluid, the diameter of the vessel, the linear velocity of the fluid and the viscosity.

A brief review of the classical auscultatory features associated with ventricular septal defect was then given, followed by a description of the methodology of the project. The speaker explained that he had chosen a group of five children with V.S.D. from each of whom he had recorded the cardiac sounds and murmurs from the four conventional valvular positions. These signals were then relayed to a special spectral analyser which breaks each sound into a fundamental frequency and successive harmonics, ascribing a co-efficient representing intensity to each frequency. The coded intensity and frequency information is transmitted to the colour monitor, which graphically displays approximately 2.5 seconds worth of signals. While the frequency of the acoustic signals is represented on the 'Y' axis, and time on the 'X' axis, the intensity is demonstrated by graded tones of colour—the spectrum of which may be selected by the operator. This new technique permits quantitative evaluation of both the intensity and frequency of the signals at any point in the cardiac cycle; thus both heart sounds and murmurs may be assessed numerately. The facility of a mobile cursor, giving a digital read-out of precise frequency and time variables, also allows measurement of the splitting intervals of the heart sounds to be made.

The speaker concluded with a replay of the acoustic recordings in conjunction with a demonstration of the new technique of intensity related colour display combined with spectral analysis.



The display of the cardiac acoustics from a nine month old child with large perimembraneous V.S.D., large left to right shunt and pulmonary hypertension, as recorded from the pulmonary position. The systolic murmur is clearly seen. The variation in the intensity and frequency spectrum of the heart sounds is due to respiration.

Nursing

Since Julia Fabricius wrote about the Central Council for Nursing and Midwifery in the December issue, the doors of the Central Council have been ceremoniously flung open to the public and to the press. If you are visiting the new Barbican complex, you can just pop into the conference centre and see the forty members and officers in action. These luxurious surroundings are only being used as a temporary base; the Central Council will move into 23, Portland Place when the General Nursing Council moves out.

The new Central Council is a very powerful body whose decisions will directly affect the majority of nurses in this country. The need to involve nurses in the decision-making process is vital. Nurses are at last being given a chance to vote members onto their own National Council; we will have a representative body, run by nurses, for nurses. It is up to us to ensure that we know what is going on.

Nurses are not noted for their enthusiasm for elections, so perhaps this is the time for all nurses to take a deeper and more active interest in their professional affairs. If we end up with a council that is not representative of our requirements, we will have no one to blame but ourselves.

It is sad to realise that, in spite of the flood of documents and bulletins released from the Council since its inception in 1981, a large percentage of nurses in this hospital and throughout the country are unaware of who, or what, the Council is. To a certain extent this is inevitable (much of what the Council does is very complex) but it is a representative body and nurses must make it their business to know what is being decided – after all, their future is at stake.

At the present moment, any nurse on the current G.N.C. register can apply for a post to take charge of a ward, irrespective of how many years it is since she was last employed in a clinical post. Now it looks as though this may change: a Central Council working group had recommended the setting up of an 'effective, up-to-date register of those fit to practice!' The group is faced with the herculean task of attempting to unify the professions in the countries which still fail to see eye to eye on a number of issues. Those nurses who qualify to be on this register will have a vote. Let us hope that they all exercise their rights.

One of the consultation papers that has recently arrived on our desks from the U.K. Central Council concerns education and training. This document sets out the English National Board's proposals for the gradual phasing out of the S.E.N. and the introduction of a new status for the learner nurse. Their proposals include a greater flexibility in entrance requirements and the length of training and teaching methods used.

The recommendation to phase out the S.E.N. and to introduce a new common training is surely to be welcomed, providing we produce a fairer and better system which is less wasteful of manpower. Practising S.E.N.'s will be protected and offered the opportunity to take a 'conversion course', although who is to run, monitor and assess these courses has not been specified.

The proposal that the term 'student status' be replaced by 'protected employee' seems rather woolly and will no doubt engender much discussion and debate before the issue is resolved. It is emphasized that the art, craft and science of nursing can only be learned where there are patients; the preparation of the student nurses must be linked with service structure. It is envisaged that this will occur within a controlled training situation.

This will mean that professional nurses must be more involved in the supervision of the student. Continuing education is the mark of the modern profession, and it is encouraging to see that the U.K. Council feels the need to maintain this, and to enhance the basic training throughout the nurse's career, by planned experience in service training and formal courses.

Many of the suggestions that are put forward in this document, and others from the new Council, are exciting and can only improve the standards of training for our student nurses and the standards of care given to our patients. The U.K.C.C. now faces an extremely tight deadline if it is to be ready for the handover in the autumn of 1983. Let us hope that all vital consultations can be concluded within that time.

Mary Chapple

Physiotherapy

A conference at the King's Fund Centre, arranged by the Health Services Manpower Review, considered the management of rehabilitation services after the reorganisation. The medical speakers who began the proceedings were men of great experience in the rehabilitation field and came firmly down in favour of management of the remedial professions by professionally qualified therapists. Money spent on rehabilitation is well spent, they said, and better value for that money is obtained by proper management – so better facilities, for example in terms of clerical support, are essential. The clinical base from which the district therapist operated need not involve a significant case-load and could be more consultative in nature, but that he or she should retain immediate relationship with patients and with therapeutic practice was taken to be axiomatic.

The question of district therapists' accountability was raised by the therapist speakers. We were given to understand that there is some pressure to make all rehabilitation staff (and many more besides) relate to the new District Medical Officers, but this was by no means regarded as being universally desirable in that it would depend on local circumstances and the role of the DMO in a given Health Authority.

The third group to speak were Chairmen-designate of the new Authorities. They, while on the whole encouraging in what they had to say, warned us of the need to lobby Authority members in order to inform them of the service that the paramedical groups are capable of delivering, and to present a variety of options for a management structure, staying flexible and not inviting a rebuff by being excessively didactic. The potentially harmful effect of dividing managerial and professional responsibility was alluded to, as was the difficulty that could be caused by splitting the therapy budget between a number of units. That budget, it was pointed out, will be only a tiny fraction of the whole, and more resources must be available for rehabilitation as the economic, as well as the clinical, case is unarguable.

It all sounded very cosy and supportive, but once in a while a chance remark caused the wary to prick up their ears. One person at District level is needed to give advice and have budgetary responsibility, a speaker said, but he need not necessarily concern himself with administrative affairs. Of course, the district therapist should have full managerial control, said another, but he saw no contradiction in having the budget in his name, rather than in the therapist's. The widespread ignorance that was likely to be found amongst Authority members – including the doctors – of what part the supplementary professions were able to play, was referred to more than once, though it seemed a moot point whether that is to be rectified by the Authority Chairmen or by the therapists themselves. One Chairman regarded it as her duty to see that the members became informed and suggested that therapists might be invited to address them. Either way, it is to be hoped that members will show the same readiness to learn that was a feature of the old Board of Governors.

Meanwhile, stay loose, chaps, and smile at strangers in the park and colonnade.

Ronald Cooper

Book Reviews

"Essential Paediatrics" by David Hull and Derek I. Johnston. Pp 305. Published by Churchill Livingstone.

This work sets out to provide a textbook for medical students. It fulfills this role admirably and in a manner that is eminently readable.

Throughout the book there are line diagrams which act as an excellent summary of the text and will be particularly useful for revision. These drawings more than make up for the lack of photographs. In any event, it is to be hoped that most medical students will see examples of the conditions usually photographed during their clinical course. The use of typical case histories in the chapters on genetics and behaviour disorders helps to bring to life the material presented. Further editions might usefully extend this to other chapters.

As with any new textbook, there are certain areas which could perhaps be improved upon. I felt that the chapter on respiratory diseases was too brief. In particular, this chapter did little to help the student to understand the confusion that exists amongst paediatricians with regard to the obstructive airways diseases in infancy. This is presumably the result of the workers in Nottingham sticking to one definition, but may cause problems in other medical schools. In this chapter, the use if bronchodilators by inhalation is recommended without any warning with regard to the dangers of habituation.

The chapter on heart disease is certainly comprehensive but would benefit from an introduction to guide the student in the interpretation of the paediatric E.C.G. and chest X-ray. There is also a need for a list of abbreviations to be given at the beginning of the chapter as these are often missed in relation to the line diagrams.

If space had been available for a chapter of tables on normal values for laboratory investigations together with standard levels of drug and fluid administration, this might have been of assistance to the student.

These comments apart, this is an excellent book which I would certainly commend as the standard text for students embarking on their clinical course in paediatrics. It would also be suitable for student health visitors, trainees in children's nursing and the many other health professionals with an interest in paediatrics.

MICHAEL TETTENBORN,
Senior Registrar, Department of Paediatrics.

"Respiratory Medicine", by D. C. Flenley. 1st edition. Pp. 263. Price £6.50. Published by Balliere & Tindall.

Chest physicians are well served by authoritative reference books on respiratory medicine, notably "Respiratory Diseases" by Crofton & Douglas. However, small text books on chest medicine for students and junior doctors are few and generally do not cover the subject in both diagnosis and management. David Flenley has written such a text. Professor Flenley, Professor of Respiratory Medicine at the University of Edinburgh is internationally known for his scientific work especially on arterial blood gases and on chronic obstructive lung disease, and his sharp intellect at meetings has scarred many aspiring chest physicians. He is however, little known as an author writing for students and junior doctors.

The initial part of the book covers anatomy, physioloy, immunology, gas exchange, symptoms and signs and investigations. The remainder of the book is devoted to chapters on the common chest diseases. Inevitably with this format there is reduplication of information which is frequently helpful but occasionally frustrating especially when there is some inconsistency between the first and second half of the book. Harder editing could have overcome this and the rather excessive number of misprints including drug dosage on one occasion. The speed of publication making the book very up to date is without doubt an advantage with the majority of references published in the last two years. The illustrations are relevant and pictorially effective especially using line diagrams for chest radiograph abnormalities.

In such a short text book, the author is invariably dogmatic and this occasionally obtrudes into what is overall a sound basis to respiratory disease. Professor Flenley's views are most noticeable in his areas of expertise and the chapters on acid base balance and chronic obstructive lung disease are, because of this, the weakest in the book. His chapter on asthma is marred by his physiological bias towards asthma being only an expiratory disease and little mention is made of the increased inspiratory work of breathing during inspiration. However, chapters on many other lung diseases are excellent with an overall view of the disease, its diagnosis and management.

I feel this book is a concise account of respiratory diseases and comes very close to achieving its aim of being "the text book" on respiratory medicine for students and junior doctors. It is readable, both clinically and scientifically sound and I am sure will also be read by many general physicians who deal with patients suffering with chest diseases.

G. M. COCHRANE,
Consultant Physician.

"Case Studies in Anatomy", by E. Lachman. 3rd edition. Pp. 408. Price £7.95. Published by Oxford University Press.

During the pre-clinical years we are inundated with heavy text-books on anatomy with little idea of its ultimate relevance. In our clinical years we have forgotten most of our anatomy just when we need it most. This delightful book bridges the gap between pure anatomy and its clinical application. In fifty case-reports of conditions selected from all over the body a summary of clinical details is followed by an anatomical explanation of the symptoms, signs, treatment and complications. In each case a wide area of relevant anatomy is covered in an informal "question-and-answer" style, aided by well-labelled drawings. The descriptions of the pain pathways in such conditions as myocardial infarction or appendicitis are very clear and there is a useful appendix on the peripheral anatomy of some visceral reflexes such as respiration and micturition. The book covers many common conditions but it is strange that the two longest sections are on the anatomy of male and female gonorrhoea while there is no mention of the anatomy of stroke or large bowel conditions. This book makes light but informative reading for all students who wish to put their anatomical knowledge into clinical practice.

J. N. L. Simson,
Registrar, Department of Surgery.

"Aids to Physiology", by T. Scratcherd. 1st edition. Pp. 310. Price £5.95. Published by Churchill-Livingstone.

This pocket sized book consists of facts that the student may wish to learn or revise prior to an examination in Physiology and it would therefore be useful for answering multiple choice questions which are almost entirely based on recall. For the student who wishes to understand Physiology this volume will be, as the author points out, of little or no value.

The listing of facts is presented in an acceptable a way as possible and few would quarrel with most of the facts printed or with those that are omitted.

This book is good in that it achieves what it sets out to do, but for most medical and dental students this is not the sort of book they want or need.

I. Macdonald,
Professor of Physiology.

Correspondence

"Tubby" Layton

Dear Sirs,

I should like to add my tribute to that of Dr. Thomas in your February edition to "Tubby" Layton and his ability as a teacher, always holding the student's attention and interest.

I was at Guy's in the thirties and can well remember one of his lunchtime lectures. The theatre was packed and the title was *"Sex Psychology and Sinusitis"*.

In walked "Tubby", pulling his famous red handkerchief from his breast pocket and started off – *"I knew if I mentioned sex I should get a good audience. I added psychology for the alliteration and Sinusitis to suggest it might have something to do with my department."*

I was one of the audience.

Yours faithfully,
O. H. E. BAYLES,

Offley Road,
Hitchin.

London Marathon

Dear Sirs,

I should like to appeal through your columns for support for the *Stephen Duckworth Appeal Fund* which is described in detail elsewhere in this number of the *Gazette*. In order to help raise funds for this Appeal, I am proposing to run in the London Marathon on May 9th and would greatly appreciate sponsorship from any of my friends who may read this letter. They may wish to make their contributions conditional on me completing the 26 + miles and even add a multiplying factor for completion within some realistic time like four hours, or unrealistic time like three hours. I would then bill them after the race, depending on the distance and time.

For the information of those who do not know what time to put down, the last time that I ran a similar distance was nearly twenty years ago, on the last of the London-Brighton marathons. At present I am training with my spaniel, who is much more likely to complete the marathon than myself but will be excluded from entry because he is less than eleven.

Yours faithfully,
RICHARD HUGHES,
Consultant Neurologist.

2 Hunts House,
Guy's Hospital.

Panel of Translators

Dear Sirs,

The Wills Library maintains a list of staff and students who have a certain degree of proficiency in a foreign language and who would be willing to interpret for patients or undertake short informal translations of letters or papers. This list is now being updated, and if any of your readers would like to have their names included on it we should be very pleased to hear from them.

Yours faithfully,
Miss P. Gale

Wills Librarian,
Guy's Medical School,
London Bridge, SE1 9RT.

Sport

Another month goes by and my hard earned suntan has all but faded away, although seemed to have served its purpose in turning a few people green around the gills.

It would be nice to ascribe the return of form of the first soccer team to my return to the side after my sojourn overseas, but I think in fact it is more a realisation by most of the side that they were in imminent danger of relegation! What makes the situation even more ludicrous is that, by winning three games and drawing two, they have moved up into the middle of the table only points behind the top team. Another story if only we had won matches earlier in the season!

As my time as Sports Editor is drawing to a close, I reflect on the sporting scene at Guy's as it was then and is now. I am left with the rather sad realisation that the general trend is now one of decline (if indeed this had not been the case for some years). Although it is very easy to ascribe this trend to admissions policy and consequently academic considerations far outweighing peripheral interests, this cannot entirely be the case. Although it is probably a substantial factor, individual interest, commitment and motivation must play a part. Consequently, it is of little use bemoaning the present situation, but makes essential the better use of available talent and of promoting participation from the earliest years.

Alexander Williams.

RUGBY FOOTBALL

Past v Present

Honor Oak Park 7th March 1982

Past 7 Present 3

On the evening before the game, the annual Rugby Club reunion dinner and dance was held in Boland House. It was an enjoyable event, well supported by several generations of Guy's players. The conviviality usually works to the advantage of the Past side, whose restraint on the evening before a match is the combined effect of experience and declining capacity. Not so the younger players, who, no doubt sensing that time is on their side, tend to consume as only medical and dental undergraduates can.

The day of the game was blue and bright, perfect conditions for rugby, but rather less suited to the photophobia which afflicted some of the Present side in the morning. There was hardly any breeze and the Past side were invited to play into the sun. A nice crowd of friends, wives, children and other relatives provided the largest group of spectators seen at H.O.P. for a year. Pat Toseland officiated, and helped keep the game flowing with a liberal interpretation of the off-side law.

As always, it was a closely balanced game. The Past players, intent on proving that Peter Pan was not unique and the Present side, anxious to demonstrate their true potential, made it a serious struggle. Where the players were in most intimate contact, in the front row, the intensity of the competition was most readily apparent. Evans, who now plays for Swansea, contested with Kennedy of the Present side. Each sought to make his mark on the other. Within minutes Want had to leave the pitch with a leg injury. A prop-forward replacement was requested from the 2nd fifteen game which was by then underway. John Davies who was captain of a team of golden oldies playing the Guy's second side discussed the request with his colleagues who complied by releasing the slender Campbell who is best known for his qualities on the wing.

The scrummaging and lines-out were equally shared. Beard jumped well for the Past but the possession he gained was often disrupted by Brazier, who launched himself on the opposition with a characteristic dash through the lines out.

Much of the Present ball was wasted by indecision or faulty passing. By contrast, the Past made rather more of their opportunities, even under pressure. The slow service of Danford at scrum half was compensated by the coolness of Owen at stand off. Some of his line kicking was a delight to his beleaguered forwards.

At half time the score stood at 3 - 0 to the Past. Both Hughes for the Past and Hackett for the Present missed easy penalty kicks before Hughes opened the scoring with another attempt. Neither side had looked clearly superior, although the Present had been held just short of the line several times. With the advantage of age and fitness it seemed likely that the Present side would easily make up the deficit and race ahead in the second half.

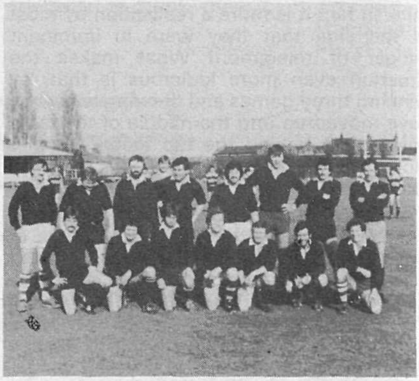
It was not to be. Despite good football by Poole, elusive running by Williams and some outstanding foraging by Hamilton, the

Past side held ground and scraped out of trouble. With time, the forwards of the Past side with Neville, Allen, Fitzgerald-Frazer, Hughes and Challacombe foremost, made repeated advances. At this stage there was some good running by both sides. A loose ball was collected skilfully by Hughes who ran, swerved and passed to Yetton who, taking the ball at full speed, crossed the line. This try settled the issue and although the Present side made vain attempts to run the ball at a tiring opposition they lacked the guile to score. After the game, the Club House was crowded and there was much animated conversation between old friends and their families. Joyce Dann provided an excellent buffet which added to the success of the day.

TEAM MEMBERS

Referee: D. Toseland
Present side:
S. Kennedy, J. Brazier, D. Lloyd, B. Keevil, N. Roberts, P. Taylor, M. King, A. Jones, A. Girling, H. Williams, M. Hackett, N. Poole, S. Hamilton, M. Bundy, P. Reynolds.

Past side:
L. Hughes, G. Evans, S. Challacombe, C. Neville, T. Want, J. Beard, J. Fitzgerald-Frazer, N. Allen, G. Owen, M. Broughton, M. Danford, A. Cook, T. Gibson, R. Moore, R. Yetton.



ASSOCIATION FOOTBALL
U.H. Cup Semi-final
Guy's 1, London 2

For the first time in many years, Guy's have this season progressed beyond the first round of the U.H. Cup. Admittedly, we were given a bye early on, but we then went on to beat St. George's a convincing 5-0 in the quarter-finals. That was way back in November. The next round was a long time coming, but was finally played on 27th February.

Our opposition, the London, old rivals and occupants of the division above us, but on the way down. The pitch, typically HOP – muddy, little grass, well-suited to our style of play. The supporters, vociferous and expectant. Our team, one of the best we've had out all season, and in high spirits. And one mustn't forget the referee, Alan Farnham, our twelfth man and secret weapon.

The match was a typical Cup tie: hard, fast, scrappy. The London took a long time to get going. They seemed complacent, couldn't string the passes together, and were unsettled by our busy harassing. Our defence was as solid as it's been for most of the season. The midfield welcomed the visionary and instructive influence of Clive Archer. The front-line was sharp and particularly fast with Dave Cheshire as spearhead.

In fact, it was through him that we took the lead. A hefty push on the chest in the penalty area – was Moriarty (yes, yet another one!) the offender? Alan Farnham pointed to the spot. Momentary confusion on our behalf, till Dave Smalley took control. A long run up, the ball blasted into the net. Visions of John Walsh. All went wild.

At half-time Guy's were still in a deserved lead.

The second half saw some better football, from both sides. Unfortunately it was the London who put the ball into the net, twice, to be precise, both breakaways. One Nick Cowland will be sorry not to have grasped after making some excellent saves earlier. We had our chances too, one a fine cross from the left, just missed by Dave Smalley.

One of the most amusing moments came from the London President. As one London effort came close but failed with the team already in the air cheering, he bellowed *"Premature exhilaration!"*. Our supporters enjoyed that one – they always manage a joke at the expense of the London.

Disappointed, we were. But like true Guy's men we took them on in the Bar, beat them by two pints in an 8-man boat race and showed in Fizz-Buzz that intelligence is obviously not a criterion for admission to the L.H.M.S.

Team: N.Cowland, I. Leonard, A. Jones, D. Kinsella, R. Dubbins, A. Williams, C. Archer, M. Batterbury (capt.), D. Smalley, D. Cheshire, A. Biswas.

Rudolf.

United Hospitals Winter Regatta 1981

A crisp Wednesday morning finds eager Guy's crews down at the University Boat House for this year's U.H. Winter Regatta.

The first Guy's crew to go was the Men's Novice VIII. The opposition, St. Mary's (looking distinctly familiar and far from novice), and the Royal Vets lined up on the start. With a good start from us, St. Mary's slowly pulled to a length's lead which we never recovered. The Vets rapidly vanished astern not to be seen again until the finish line. St. Mary's won this heat and went on to beat George's in the final by two lengths.

The Ladies' Novice VIII also raced. The first year crew rowed a stirring race in which they snatched second place from Mary's in a thrilling heat. Bart's. won this heat. The other ladies' crew made a valiant effort against George's and the Vets. With very vigorous rowing they also came second in their heat.

Due to a slight marshalling mistake the Men's Novice IV found themselves at the start at the other end of the course from the opposition, Bart's. The race was very hard but Dennis overcame (!) and Bart's won by two lengths.

Men's Open IV boated in the new unrestricted IV. The London were the opposition. We took the lead at the start but, even on the Middlesex bank, the London slowly pulled ahead to win by a length. This turned out to be unfortunate for the London as half their 1st VIII were rowing this boat.

The last race for Guy's that day was the Men's Open VIII. Boating in our shiny new first boat, the "George Houston", we lined up at the start with the London and Bart's. From the start Guy's took the lead. Slowly but surely we took a canvas off the other two crews. Still racing three abreast we tore towards Chiswick Bridge's centre arch. Some interesting coxing from Bart's led to a clash of blades and our disqualification. Bart's went through the arch to win.

A good day was had by all and with the form shown in these short races things bode well for the Heads in the spring.

Philip Mayes

Mountaineering Club

You may remember hearing about a paddlesteamer which ran aground off the South Wales coast last Summer. This was the "Ivanhoe", the boat on which we were to sail to Lundy.

Lundy is a small island in the Bristol Channel, north of Ilfracombe. It measures four miles by one mile and has granite cliffs up to 400 ft. high.

It was for this reason we were going to Lundy, to climb on these superb cliffs. We had already been very lucky getting the chance to climb there as acess is very limited and no more then 20 people may camp on the island at any one time.

After hearing that the "Ivanhoe" had sunk we were most concerned as to how to get to Lundy as the only other regular ferry was fully booked. At first we tried to charter a boat across the twelve miles of water. Our problem was solved when we finally heard that there was a helicopter service to the Island. This was not as expensive as may have been imagined especially after we persuaded the company not to charge us for all our excess baggage (about 50lb per person excess). So, with a certain element of excitement we arrived on Lundy in glorious sunshine.

The next morning (Monday) we went to explore the lower, less climbed on crags of the east coast. The rock was very abrasive, slightly loose and well vegetated. This gave Dominic Flanagan his first taste of rock climbing. He had bravely agreed to come on a rock climbing holiday having never climbed before.

He did well and rapidly showed a certain natural ability.

The following day saw our first really serious climbing. We split into three pairs and set off to find different routes up the cliffs. Both Steve Gould and Ian found their routes ran out after 150 ft., leaving them 100 ft. below the top. Ian attempted what he thought was an obvious line but fell off, being held on the ropes by Dominic. Fortunately, he only sustained a few cuts and grazes. After this they abandoned the route and retreated.

Tom Humfries and Ben Wyatt had gone off to attempt one of the "easier" recommended routes of the Island. Ben led up the first pitch with relative ease giving himself a magnificent view out to sea. Tom Humfries, however, was not really climbing on his best form due to a recent knee operation. Consequently, it was agreed that Ben should carry on leading to the top. After a relatively easy pitch they reached the crux (hardest part) of the climb. Here Ben really started to show his form, with a bold lead, high up on the cliff (180 ft. up) on quite small holds for his fingers and toes. Again Tom found this surprisingly hard. After a break for lunch they went off to find the others, and so to hear of Ian's news.

That evening, Ben and Tom were again out climbing. This time on a route called Quadratus Lumborum, another spectacular route. The foot pitch was quite technically difficult but very pleasant in the warm evening sun. However, after traversing out on a vertical wall with the sea 80ft below, a retreat was made due to the exposed position and shortness of daylight left.

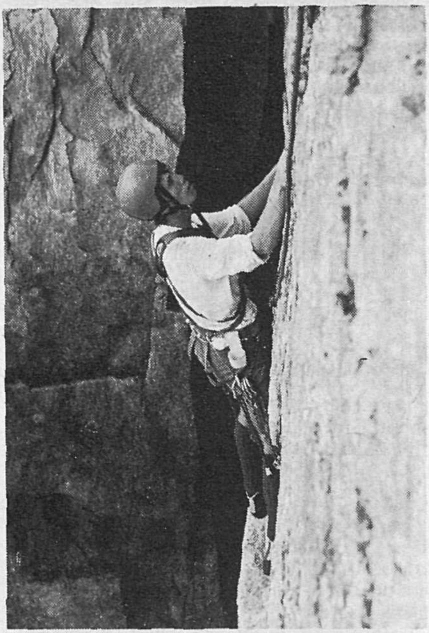
After a filling supper, a quick visit was made to the Morisco Tavern, the island's one pub, frequently run by volunteers and a very pleasant place indeed.

Wednesday was spent on a small cliff called Beaufort butress. During which, Ben put up a good performance on a climb they intended to climb. This consisted of a 70ft. unprotected traverse of a steep wall 50ft. above the sea and 20ft. above the original route.

After an afternoon swim, a further attempt was made on Quadratus Lumborum. This time Ben was triumphant, and found the top of the climb easier than he had first imagined. Hamish Gillespie, always a good second climber, followed up the steep wall with the sea roaring against the rocks 100ft. below. Meanwhile Tom and Dominic climbed the somewhat easier face at the edge of the wall, which was nevertheless quite enjoyable.

Tom Humphries and Steven Gould returned the following evening to climb Quadratus. However, there was much amusement when Tom slipped off from the technical move by stepping too far along a small ledge onto a section which was no longer a ledge. After sliding only 5ft. or so, he went back and repeated the move successfully before going on to complete the climb doing alternate leads with Steve.

Tom Humphries on the Quadratus Lumborum.



There are many unusual features on Lundy such as the puffins early in the year, and the remains of a World War II German Stukka.

There are also many marvellous rock formations such as the stacks offshore, the Devil's Lime-kiln, a 200ft. deep blow hole, 75ft. across.

The Devil's Slide is a 400ft. slab which rises out of the sea and steepens near the top into a head wall. Ben and Hamish were the first of us to climb the Devil's Slide. It is not technically difficult but it makes for a splendid climb due to it being such an unusual feature.

There were other adventures too during this gloriously sunny week. We were certainly lucky to get this opportunity and we would certainly like to return sometime. However, next summer the Guy's Hospital Mountaineering Club hopes to have an epedition to the Alps. Anyone interested should contact T. A. Humphries via the pigeon holes.

Tom Humphries

Hospital Information

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HOUSE APPOINTMENTS

GUY'S HOSPITAL

Commencing 1st February 1982 to 31st JULY 1982

House Physicians	
Dr. Scott/ Prof. Clark	Dr. L. M. Herrington to 31. 7. 82
Dr. Grahame/ Dr. Cochrane	Dr. M. J. Lind to 31. 7. 82 Dr. J. R. Sanderson to 31.7.82
Prof. Lessof/ Prof. Keen/ Prof. Dowling/ Dr. Sladen	Dr. R. C. Saumarez to 31.7.82 Dr. D. Hastings-Neild to 31.7.82
Prof. Trounce/Dr. Knight/Dr. Grimble/ Dr. Panayi/Dr. Rubens	Dr. R. C. Trembath to 31.7.82 Dr. J. S. Thurston to 31.7.82
Dr. Joiner/Dr. Hicks/ Dr. Gibson/ Dr. Maisey	Dr. M. P. Samuels to 31.7.82 Dr. F. Cairnduff to 31.7.82
Gen. Med. (Prof. Lessof Prof. Keen/ Prof. Dowling, Dr. Sladen)/ Geriatrics	Dr. P. J. Galbraith to 30.4.82 Dr. P. J. Ryan to 31.7.82
Geriatrics/Gen. Med. (Prof. Lessof/Prof. Keen/Prof. Dowling/ Dr. Sladen)	Dr. P. J. Ryan to 30.4.82 Dr. P. J. Galbraith to 31.7.82
House Surgeons	
Mr. Ellis	Dr. I. G. Kestin to 31.7.82
Mr. Maynard/G.U. Surgery (Mr. Kinder)	Dr. P. Clayton to 30.4.82 Dr. D. B. M. Brooke to 31.7.82
Mr. Beard/ Orthopaedics (Guy's)	Dr. A. S. Foot to 30.4.82 Dr. C. G. Newstead to 31.7.82
Mr. O Flynn & Dr. Winter/ Thoracic Surgery	Dr. M. Llewellyn Smith to 30.4.82 Dr. J. A. F. Butcher to 31.7.82
Mr. Glover	Dr. B. P. Henwood to 31.7.82
Mr. Rendall & Dr. Tong/G.U. Surgery (Mr. Flannery & Mr. Joyce)	Dr. P.M.M.A. Carvalho to 30.4.82 Dr. D. T. C. Chai to 31.7.82
Professor McColl	Dr. J. A. Wright to 31.7.82 Dr. S. E. Thomas to 31.7.82
St. Olave's Unit Gen. Surg./ Orthopaedics (Guy's)	Dr. A. C. Barraclough to 30.4.82 Dr. S. D. Girling to 31.7.82
St. Olave's Unit Gen. Surg./ Orthopaedics (New Cross)	Dr. V. Foulger to 30.4.82 Dr. M. Larvin to 31.7.82
Thoracic House Surgeons	
Thoracic Surgery/ Gen. Surg. (Mr. O'Flynn & Dr. Winter)	Dr. J. A. F. Butcher to 30.4. 82 Dr. M. Llewellyn Smith to 31.7.82
Genito-Urinary House Surgeons	
Mr. Kinder/Gen. Surg. (Mr. Maynard)	Dr. D. B. M. Brooke to 30.4.82 Dr. P. Clayton to 31.7.82

Mr. Flannery & Mr. Joyce/Gen. Surg. (Mr Rendall & Dr. Tong)	Dr. D. T. C. Chai to 30.4.82 Dr. P. M. M. A. Carvalho to 31.7.82

Orthopaedic House Surgeons

Linked to Gen. Surg. (Mr. Glover)	Dr. L. C. H. John to 31.7.82
Orthopaedics (Guy's)/Gen. Surg. (Mr. Beard)	Dr. C. G. Newstead to 30.4.82 Dr. A. S. Foot to 31.7.82
Orthopaedics (Guy's)/Gen. Surg. (St. Olave's Unit)	Dr. S. D. Girling to 30.4.82 Dr. A. C. Barraclough to 31.7.82
Orthopaedics New X/Gen. Surg. (St. Olave's Unit)	Dr. M. Larvin to 30.4.82 Dr. V. Foulger to 31.7.82

Throat and Ear Surgeons

Linked to Gen. Surg. (Professor McColl)	Dr. A. F. Rosenfelder to 31.7.82 Dr. G. Denton to 31.7.82

New Cross Hospital

Gen. Med./Geriatrics (Dr. Corless) 1.2.82 to 30.4.82 Gen. Med./Rheumatology (Dr. Grahame) 1.5.82 to 31.7.82	Dr. P. G. Revell to 31.7.82
Gen. Med./Rheumatology (Dr. Grahame) 1.2.82 to 30.4.82 Gen. Med./Geriatrics (Dr. Corless) 1.5.82 to 31.7.82	Dr. F. P. Cowmeadow to 31.7.82
Gen. Med./Geriatrics (Dr. Lewis) 1.2.82 to 30.4.82 Gen. Med./Chest Medicine (Dr. Eiser & Dr. Fowle) 1.5.82 to 31.7.82	Dr. V. Miall-Allen to 31.7.82
Gen. Med./Chest Medicine (Dr. Eiser & Dr. Fowle) 1.2.82 to 30.4.82 Gen. Med./Chest Medicine (Dr. Cochrane & Dr. Farquharson) 1.5.82 to 31.7.82	Dr. M. A. Churchill to 31.7.82
Gen. Med./Chest Medicine(Dr. Cochrane, & Dr. Farquharson) 1.2.82 to 30.4.82 Gen. Med./Geriatrics (Dr. Lewis) 1.5.82 to 31.7.82	Dr. A. W. Longmore to 31.7.82

Beckenham Hospital

House Physician to Dr. Rawlings and Dr. Joiner	Dr. T. R. Jennings to 31.7.82

Greenwich District Hospital

House Physician to Dr. Thomson	Dr. T. R. Jennings to 31.7.82 Dr. N. J. Cooling to 31.7.82
House Physician to Dr. Robson and Dr. Blower	Dr. A. M. Poynton to 31.7.82
House Physician to Dr. Marsden	Dr. A. C. Snape to 31.7.82
House Physician to Dr. Robson	Dr. N. C. Weightman to 31.7.82
House Surgeon to Mr. Williams/Mr. Park 1.2.82 to 30.4.82 & Mr. Stoker/Mr. Harrison 1.5.82 to 31.7.82	Dr. D. R. Fish to 31.7.82 Dr. R. N. S. Heard to 31.7.82
House Surgeon to Mr. Stoker/Mr. Harrison 1.2.82 to 30.4.82 & Mr. Williams/Mr. Park 1.5.82 to 31.7.82	Dr. A. M. Kerslake Dr. M. J. Grande to 31.7.82
House Surgeon to Mr. O'Flynn	Dr. K. A. Wilkinson to 31.7.82

The William Harvey Hospital, Ashford, Kent

House Surgeon	Dr. A. Boucherat to 31.7.82 Mr. M. L. V. Dove to 31.7.82

Lewisham Hospital

House Physician to Dr. Farquharson/Dr. Eiser	Dr. C. R. Darby to 31.7.82
House Physician to Dr. Stott	Dr. M. J. Robinson to 31.7.82 Dr. S. E. Paget to 31.7.82
House Physician to Dr. Staffurth	Dr. M. A. Stebbing to 31.7.82 Dr. G. M. Parry to 31.7.82
House Physician to Dr. Mallinson	Dr. A. W. Procter to 31.7.82
House Surgeon to Mr. Lynn Evans	Dr. A. A. Kumar to 31.7.82
House Surgeon to Mr. Ivo Smith	Dr. K. L. John to 31.7.82
House Surgeon to Mr. Le Brun	Dr. K. Aziz to 31.7.82
House Surgeon to Mr. Monty 3 months/Mr. Negus 3 months	Dr. P. P. Male to 31.7.82
House Surgeon to Mr. Negus 3 months/Mr. Monty 3 months	Dr. R. Vella to 31.7.82
House Surgeon (Combined Orthopaedics/General Surgery—Mr. Boobbyer/Mr. Spencer/Mr. Le Brun	Dr. G. Pistofidis to 31.7.82

Hither Green Hospital

House Physician Gen. Med./Infectious Diseases	Dr. H. W. Orridge to 31.7.82 Dr. J. M. Chaloner to 31.7.82

Orpington Hospital

House Surgeon to Mr. Wilding and Mr. Lam Gen. Surg./Orthopaedics	Dr. G. P. Cook to 31.7.82 Dr. D. W. McLeod to 31.7.82
House Surgeon to Mr. Walker-Brash and Mr. Ratnesar Gen. Surg./E.N.T.	Dr. M. D. Davies to 31.7.82
House Surgeon to Mr. Boxall & Miss Austin Gen. Surg./Gynaecology	Dr. J. A. Oliver to 31.7.82
House Surgeon to Mr. Walker-Brash & Mr. Glasspool Gen. Surg./Opthalmology	Dr. D. C. Lucas to 31.7.82 Dr. C. Chakraborty to 31.7.82
House Physician to Dr. Williams & Dr. Jariwalla	Dr. J. A. Jones to 31.7.82

Pembury Hospital

House Surgeon to Mr. Gibson and Mr. Lavy	Dr. J. E. Lewis to 31.7.82 Dr. G. G. E. Wilcox to 31.7.82
House Physician to Dr. Maw, Dr. Everest, Dr. King	Dr. P. D. Robinson to 31.7.82 Dr. A. J. R. MacDonnell to 31.7.82 Dr. J. K. Pattinson to 31.7.82

St. Mary's Hospital, Eastbourne

House Physician to Dr. Linley-Adams	to 31.7.82

District General Hospital/St. Mary's Hospital

House Physician to Dr. A. MacLeod	Dr. J. W. T. Lovett to 31.7.82

St. Helen's Hospital, Hastings

House Physician to Dr. Irvine (Geriatrics) 1.2.82 to 30.4.82/ Dr. Reid and Dr. Liddell (Gen.Med.) 1.5.82 to 31.7.82	Dr. P. J. E. Carney to 31.7.82
House Physician *to Dr. Strouthidis* (Geriatrics) and Dr. Innes (Rheum.) 1.2.82 to 30.4.82/ Dr. Wray (Gen.Med.) 1.5.82 to 31.7.82	Dr. A. O. P. Gardiner *to 31.7.82*

Kent and Canterbury Hospital

House Surgeon to Mr. Heddle	Dr. S. Kang to 31.7.82
House Surgeon to Mr. Carruthers/ Mr. Claridge (Urology)	to 31.7.82
House Surgeon to Mr. Collins (Urology/General Surgery)	Dr. P. J. Coppock to 31.7.82

Joyce Green Hospital, Dartford

House Physician to Dr. Goldman	Dr. J. M. H. Bolton to 31.7.82
House Surgeon *to Mr. Skidmore*	Dr. S. I. Millar to 31.7.82

Cuckfield Hospital, Sussex

House Surgeon — General Surgery 3 months and Orthopaedics 3 months	to 31.7.82

Buckland Hospital, Dover

House Physician in General Medicine and Infectious Diseases	Dr. M. A. C. Craigen to 31.7.82 Dr. J. A. Langton to 31.7.82

Isle of Thanet Hospital, Ramsgate

House Physician to Dr. Cocking, Dr. Lillicrap and *Dr. Marshall*	Mr. S. Harris to 31.7.82

West Kent General Hospital, Maidstone

House Surgeon — rotating Mrs. South/ Mr. Winch	Dr. M. O'Driscoll to 31.7.82 to 31.7.82

The Royal Sussex County Hospital, Brighton

House Surgeon — General Surgery/ Urology	Dr. D. J. Nunez to 31.7.82

Edgware General Hospital

House Surgeon to Mr. Qureshi	Dr. S. F. Birks to 31.7.82

Gravesend and North Kent Hospital

House Surgeon to Mr. Skidmore	*to 31.7.82*

JUNIOR STAFF APPOINTMENTS

The following appointments and re-appointments have been made for the period commencing 1st October, 1981:—

SURGICAL REGISTRARS

GUY'S HOSPITAL

Mr. J. Dick	Lecturer
Mr. J. Lewis	Lecturer
Mr. C. Grant	Sabbatical
Mr. M. Hollands	Lewisham
Mr. K. Brame	Greenwich
Mr. J. Payne	Bromley
Mr. M. Thick	Farnborough
Mr. R. Mason	Pembury
Mr. P. Broe	*Farnborough*
Mr. P. Rowe	Cuckfield

ORAL MEDICINE & PATHOLOGY

Miss R. Hickman (C.A.)

PRIMARY TREATMENT UNIT

Mr. R. Shaw (A.D.S.)

DENTAL CARE OF THE HANDICAPPED

Miss H. Dickinson (A.D.S.)	(Child)
Miss J. Richardson (A.D.S.)	(Adult)
Mr. P. Hill (A.D.S.)	

IN-PATIENT DENTAL OFFICER

Mr. A. Searle (C.A.)

RESTORATIVE DENTISTRY

Mr. N. Fisher (S.R.)

PASS LISTS

UNIVERSITY OF LONDON

Ph.D. (Medicine)

R. A.-J. Ahmed (Clinical Pharmacology)
E. G. C. A. Boyd (Biophysics)
Ms A. Harris (Human Genetics)
B. J. Roberts (Rheology of Saliva)
A. Watts (Dental Surgery)

Ph.D. (Science)

A. S. Sahota (Biochemistry)
B. C. Rodgers (Virology

FACULTY OF MEDICINE

Third (BDS) Examination in Dental Surgery

Ms H. A. Beckett (distinguished in Dental Surgery, Orthodontics and Paedodontics)

Ms C. W. Brazenall (distinguished in Medicine)

M. J. Gealer (distinguished in Pharmacology and Therapeutics and in Dental Surgery)

Ms S. L. Green (distinguished in Pharmacology and Therapeutics)

Ms K. E. Harley (distinguished in Pathology)

D. R. Radford (distinguished in Pharmacology and Therapeutics)

Ms J. M. Redfern (distinguished in Pathology, Medicine, Dental Surgery and in Orthodontics and Paedodontics)

Ms L. J. Winchester (distinguished in Dental Surgery and in Orthodontics and Paedodontics)

Ms C. E. Berry
T. W. Biddle
D. S. Brampton
J. J. W. Breckon
L. Burson
D. S. T. Carr
P. D. Cheshire
Ms S. M. Clark
Ms S. Clark-Hall
Ms N. M. Coppock
M. I. Cotgreave
Ms S. C. Davies
Ms E. D. Deacon
R. A. Dobson
R. A. Dubbins
Ms A. Edward
N. Elvin
Ms D. Flanagan
Ms M. J. Fox
Ms M. A. C. Foxton
Ms H. M. Giel
K. A. Grave
S. D. Gregson
S. R. Griffiths
A. J. Hart
M. P. Hector
J. W. D. Hooper
E. A. Jenkins
Ms J. Jenkins
S. P. Knights
N. J. B. Lodge
M. N. Lowey
C. Marshall
Ms G. B. Martin
Ms A. Mehta
K. G. Middleton
Ms B. A. Milne
C. N. T. Mitchell
N. S. Mudhar
Ms G. M. Nobbs
Ms L. A. Phillips
Ms A. M. Portelly
Ms A. M. Poynter
Ms P. A. Stephenson
A. G. Vaughan
Ms J. A. E. Williams
J. P. Wise

Third (BDS) Examination in Dental Surgery,

Part 1

Ms F. C. M. Bradshaw
P. F. Desbruslais
Ms H. Faux
P. G. T. Haggqvist
W. J. A. Harty
P. S. Henderson
Ms R. Kean
D. P. McGuckin
Ms A. J. L. Oates
M. N. Rudiak
C. R. Selmon
T. A. Wakerley
Ms G. A. West

Third (BDS) Examination in Dental Surgery,

Part 2

A. M. Bookey
Ms S. K. Brown
Ms P. K. Buttoo
Ms S. J. Campbell
Ms T. F. Cautley
C. Clamp
Ms M. L. Colgan
M. A. Cronshaw
A. T. Currie
Ms A. S. Davies
P. F. Desbruslais
C. M. Dickinson
Ms L. C. Doyle
Ms M. B. Edney
Ms H. Faux
Ms C. A. Fitzgerald
Ms R. T. Hubert
R. D. W. Hughes
R. J. Hurrell
B. W. Irving
A. G. Jones
Ms N. Jones
Ms A. C. Kenward
C. J. R. King
Ms J. E. Legg
Ms R. F. A. Longfield
Ms F. M. MacEwan
J. P. Murch
I. G. Needleman
Ms C. S. Nix
Ms E. K. Norland
R. E. Norris
Ms A. J. L. Oates
Ms M. P. O'Grady
Ms C. M. D. Osborne-Smith
A. G. Owen
D. G. Parr
Ms K. Patel
P. N. Poole
N. H. R. Pryke
Ms C. I. Robinson
J. H. Rogers
C. V. S. Sams
R. C. L. Scott
J. D. Shepherdson
Ms J. Singleton
Ms T. M. Y. Tong
Ms S. L. Tuck
Ms M. E. Ward
Ms N. J. Waterton
C. R. White
Ms M. M. White
N. J. Whitehouse
P. J. Yerbury

Third (BDS) Examination in Dental Surgery,

Part 3

S. G. Ambridge
Ms A. Barton
A. M. Bookey
Ms F. C. M. Bradshaw
Ms S. F. Bridger
Ms S. K. Brown
T. F. Bryant
Ms S. J. Campbell
Ms T. F. Cautley
C. Clamp
Ms M. L. Colgan
M. A. Cronshaw
A. T. Currie
Ms A. S. Davies
P. F. Desbruslais
C. M. Dickinson
Ms L. C. Doyle
Ms M. B. Edney
Ms J. A. Evans
Ms H. Faux
Ms C. A. Fitzgerald
A. J. Gibbons
M. G. Hackett
P. G. T. Haggqvist
W. J. A. Harty
Ms A. M. O. Helgeson
P. S. Henderson
Ms R. T. Hubert
R. D. W. Hughes
R. J. Hurrell
B. W. Irving
K. V. Jacques
A. G. Jones
S. T. Kakkad
Ms R. Kean
Ms A. C. Kenward
C. J. R. King
N. A. Kirkpatrick
G. J. Lauer
Ms J. E. Legg
W. K. Li
Ms R. F. A. Longfield
J. Ma
Ms F. M. MacEwan
D. P. McGuckin
I. P. F. McLean
I. G. Needleman
Ms C. S. Nix
Ms E. K. Norland
R. E. Norris
Ms C. M. D. Osborne-Smith
A. G. Owen
D. G. Parr
P. N. Poole
Ms N. Price
N. H. R. Pryke
Ms V. J. Reese
Ms P. A. Riseley-Prichard
M. N. Rudiak
C. V. S. Sams
R. C. L. Scott
Ms A. M. Sedgwick
C. R. Selmon
J. D. Shepherdson
Ms J. Singleton
Ms T. M. Y. Tong
Ms S. L. Tuck
T. A. Wakerley
Ms M. E. Ward
Ms N. J. Waterton
Ms G. A. West
Ms M. M. White
N. J. Whitehouse

Third (BDS) Examination in Dental Surgery,

Part 4

C. J. Birtwhistle
Ms D. J. Blakey
M. R. Blayney
C. Buchan
D. W. V. Cox
M. P. Dunkin
R. A. W. Flanagan
Ms A. B. Gordon
M. G. Hackett
A. R. Liddell
D. H. Miller
C. J. N. A. Morrill
H. R. Percival
G. Thomas
A. N. Whitfield
Ms P. E. E. B. Wilder Smith
Ms F. M. Yagtug

Second Examination in Dental Surgery

E. Baran
S. Barter
Ms A. D. Burgess
Ms S. H. Cosans
Ms C. J. Duke
N. J. R. Gibb
S. M. K. Handa
C. McGrath
Ms W. J. Noble
M. Parekh
A. A. Parfitt
M. B. Sandford
P. D. Stenhouse
D. W. K. Tong
Ms V. S. Ward
J. R. Willis
C. T. Yap

Second Examination in Dental Surgery, Part A

Ms J. M. Hanford

Second Examination in Dental Surgery, Part B

Ms J. H. Smith

MB BS Examination for Medical Degrees.

Part IV

S. P. R. Adams
Ms A. Akle
S. C. Baker
J. R. Balazs
D. C. Bellamy
A. S. Black
Ms J. L. Bland
A. P. Blight
Ms L. A. Botevyle
R. J. Bowes
A. R. M. Bradbury
Ms A. R. Brookes
Ms S. Brown
A. G. Burchardt
Ms J. M. Cant
A. J. Charters
H. M. Christley
Ms M. L. K. Chryssides
Ms S. L. Cohen
R. G. Cook
T. P. Cullinan
P. J. Danielian
D. W. Davies
S. V. Davies
R. N. Dickson
J. A. Dixon
Ms C. A. Elliott
M. A. Epps
Ms S. G. Evans
G. S. Feder
J. W. Fellows-Smith
Ms C. L. Finley
D. E. Fish
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R. J. Horne
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MB BS Examination for Medical Degrees, Part VI

M. L. V. Dove

MB BS Examination for Medical Degrees, Part VIII

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A. K. C. Sachdev

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R. L. Plowman
Miss A. M. Poynter
A. K. C. Sachdev

L.R.C.P. M.R.C.S., June/July

M. A. Churchill
Miss P. J. Coppock
M. P. Corlett
L. C. H. John
J. A. Jones
M. Larvin
Miss A. W. Longmore
S. P. G. Moore
Miss S. E. Paget

All these students had previously qualified M.B. B.S. In addition, R. Vella qualified L.R.C.P. M.R.C.S.

GUY'S SCHOOL OF DENTAL HYGIENE GENERAL DENTAL COUNCIL CERTIFICATE OF PROFICIENCY IN DENTAL HYGEINE

MARCH 1981	SEPTEMBER
Miss Susan Brown	Miss Alexis Calderwood
Miss Una Comiskey	Miss Lesley Chartres
Miss Caroline Deitsch	Miss Kathryn Ford
Miss Jessica Fuller	Miss Caroline Giraud
Miss Patricia Gingell	Miss Elaine Hendry
Mrs. Zahra Hassan	Miss Katharine Hoyle
Miss Mieke Hubbard	Miss Yvonne Penny
Mrs. Marilyn Kuttner	Miss Jennifer Smith
Mrs. Lynda Ward	Mrs. Allison White
Miss Shirley White	
Miss Merrill Kennedy	

BIRTH

JONES—Ian and Jane (née Chesterfield) are please to announce the birth of a daughter Alexandra Chesterfield on 29th October 1981. A sister for Victoria.

HORTON—To Jeremy and Barbara, a son, Timothy Alexander, born at Guy's hospital, 1st January, 1982.

PARKER—To Roger and Elizabeth (née Smith) a son, Henry Roger, born at Royal Berkshire Hospital, Reading 25th February 1982, a brother for Nicholas and Oliver.

PITT FORD—On March 1st at Guy's to Heather (née Dickinson) and Tom. A daughter Alexandra.

BAYLIS—To Timothy and Jillian a daughter Fleur Clare on February 23rd 1982. A sister for Frances Anne.

ENGAGEMENT

WEIGHELL—DINWOODIE—The engagement is announced between Mr. R. D. Weighell and Miss J. A. Dinwoodie.

DONOVAN—KENDALL—C. J. Donovan (clinical medical student) and Ms. J. D. Kendall take great pleasure in announcing their engagement.

MARRIAGE

CERIO–ROMANO—the marriage took place at Coventry, Warwickshire on April 4th 1982, between Dr. Rino Cerio and Miss Soraya Romano. (Present address 109, Ewhurst Rd., Crofton Park, London, SE4 1SD).

DEATHS

WILLAN, *Joyce (née Green) on 20th February 1982 at* 4, Cory Drive, Hutton, Brentwood, Essex; formerly on the administrative staff of the Dental Hospital and School.

ORD, Arthur, Gordon: Guy's 1913-1919, emeritus consultant orthopaedic surgeon to the Portsmouth group of hospitals.

CHANGE OF ADDRESS

JONES—Ian and Jane (née Chesterfield) have moved to 114 Via Mil Cumbres, Solana Beach, California 92075. U.S.A. Practice address: Head Division of Obstetrics and Gynecology, Scripps Clinic and Research Foundation, 10666 North Torrey Pines Road, La Jolla, California 92037. U.S.A.

BRERETON—Lois, 35, Queens Crescent, Horndean, Hants, PO8 9ND. Tel. Horndeah 597225.

PITT FORD—W.J., Little Thatch, Trout Rise, Loudwater, Rickmansworth, Herts.

SAUNDERS—Nick and Anne, are now living at 5 King Henry Close, Charlton Park, Cheltenham, Gloucestershire.

PERSONAL

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NOTICE

Junior Lecturer in the Department of Medicine

Applications are invited for the post of Junior Lecturer in Medicine for one year. The person appointed *will have the duties of a Senior House Physician,* be responsible for some of the academic and curricular activities of the Department, and will have an opportunity of collaborating in research.

Salary will be as for an S.H.O. in Medicine.

Job description and application forms may be obtained from and should be returned to the Dean, Guy's Hospital Medical School. Closing date for applica*tions is 30th April, 1982.*

Guy's Hospital Gazette

ISSN: 0017-5870 Tel. No.: 01-407 7600 Ext. 2023

EDITORS	MARK CRONSHAW AND MARK POWLSON
ASSISTANT EDITOR	*TIMOTHY HOULDING*
SPORTS CORRESPONDENT	ALEXANDER WILLIAMS
NURSING CORRESPONDENT	VALERIE MUSSON
PHYSIOTHERAPY CORRESPONDENT	RONALD COOPER
MANAGER	PAT POULTER

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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28 MAY 1982 VOLUME 96 NUMBER 2322

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Passim

Medical unemployment always happens to someone else, or, at least, not to someone from a London teaching hospital – and certainly not Guy's. Or so we thought. It has long been said that medical unemployment was an increasing problem and that able people were unable to find jobs, but one was always reassured at the thought that it would not be oneself. House appointments were more difficult to find, as the number of graduates increased, but that would "never" be a problem at a teaching hospital which advised its students appropriately as to when to apply for jobs outside its own scheme, or had sufficient jobs "on tap" to ensure "a full house".

It used to be true of Guy's, but no longer. Our pass rates may have gone up (and one hopes that this encouraging trend will continue) but this year, due to a contraction in the jobs available in the Guy's scheme, and an increase in the number of students, there is a shortfall of over twenty jobs – assuming everyone passes. It would be over forty if some people had not applied for jobs independently.

The obvious rejoinder to this would be that the residue should have applied for outside jobs before the Guy's rotation was made available – but this assumes an efficient career guidance system for final year students which does not exist. Granted, there is a careers' week late in March – which was originally requested by students – but one has to face the fact that this year the present system ensured that there have been over twenty people who were told that they did not have a house job a mere three weeks before their Finals.

There may be some excuses for the authorities: it is a large year, due to differential contraction of the B.Sc. course amongst other reasons – but this was foreseeable three years ago. In that time alternative arrangements could have been made, and people advised to apply for outside jobs actively, instead of relying on the internal scheme. It is always likely that there may be a few jobs short or few unfilled, but, excepting an unfortunately high failure rate, this year has too big a gap – and such a prospect of unemployment is not an incentive to work for Finals!

Gazette Subscriptions

It is with great regret that we announce an increase in our annual subscription from £6 to £8 *per annum,* with effect from April this year.

An Editor is always reluctant to accede to an increased subscription, since it usually means a decrease in subscribers. The *Gazette* is no exception to this: our last two increases in 1975 and 1978 both lost us a few hundred subscribers, and it is only in the last two years that we have been able to make up ground. Nevertheless, the last few years have seen a remarkable increase in printing and distribution costs, and – despite extending our other sources of income (by selling plaques, key rings and suchlike) – we made a small loss over the year 1981, and we could not expect the present year to be any better. We hope that you still consider the *Gazette* worthwhile.

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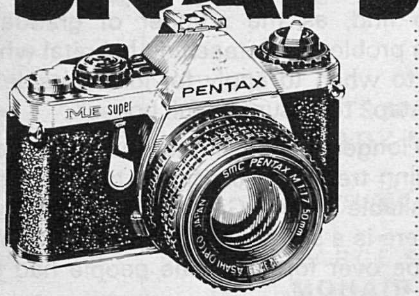

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- CAMERA BAGS and holdalls

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Minolta STR100X f/2	£69
Pentax Spotmatic Body	£69
Olympus OM-10 f/1.8 and Case	£89
Rolleicord VB (6x6 TLR)	£89
Minolta XD-7 f/1.7 and Winder	£220
Minolta CLE Outfit (28mm, 40mm and 90mm lenses, flash and case)	£495
LENSES FOR 35mm SLRs	
Cosinon 24mm f/2.8 (Screw)	£27
Hoya 135mm f/2.8 (Canon)	£29
Pentacon 135mm f/2.8 (Screw)	£29
Tamron 135mm f/2.8 (OM)	£35
Minolta 135mm f/2.8 MC	£49
Tamron 200mm f/3.5 (Canon)	£49
Untior 70-220mm (Nikon)	£49
Vivitar 85-205mm (Nik-Not A1)	£49
Makinon 300mm Mirror (OM)	£59

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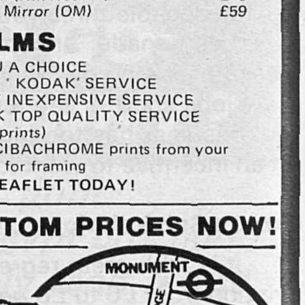

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News in Brief

Dr. Rodney Grahame

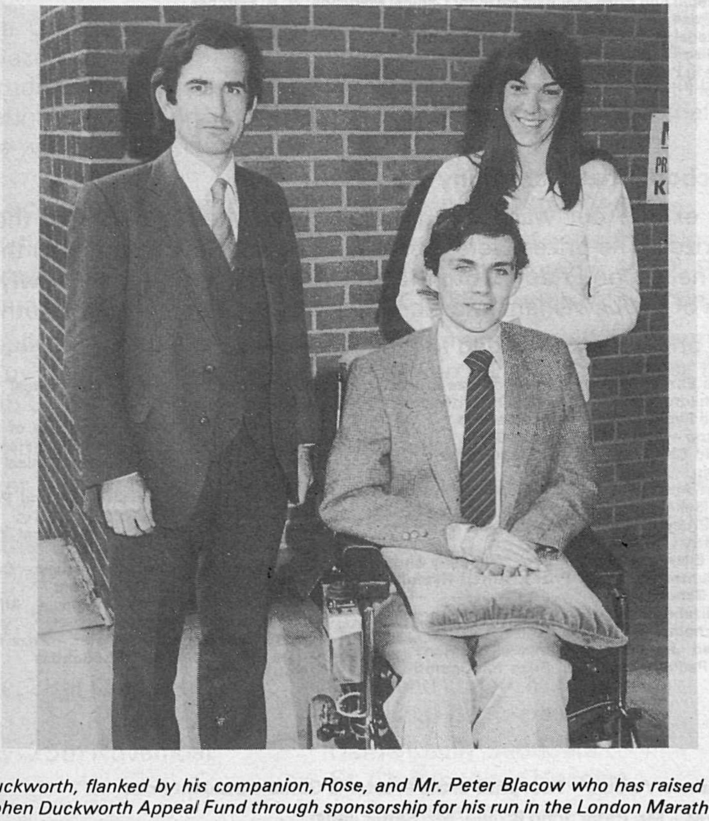
We are very pleased to announce that Dr. Rodney Grahame, Consultant Physician, has been appointed Editor of *The Journal of Rheumatology and Rehabilitation.*

The London Marathon

Congratulations are due to four Guy's men who successfully competed in the London Marathon on 9th May.

Mr. B. J. Smith, Dr. Richard Hughes and Mr. Peter Blacow were running under the banner of the Stephen Duckworth Appeal Fund and sponsorship monies to the staggering value of approximately £3,500 are anticipated.

Roger Gibbs ran to benefit the Guy's Scanner Appeal, a cause towards which he has already raised £200,000.



Stephen Duckworth, flanked by his companion, Rose, and Mr. Peter Blacow who has raised over £2,000 for the Stephen Duckworth Appeal Fund through sponsorship for his run in the London Marathon.

Annual Open Day: Hume Kendall Unit

In order to broaden understanding of the rôle of the Hume Kendall Unit in the management of disabled people, an open day is to be held on the 23rd June, at 10 a.m., New Cross Hospital. There will be a number of visual displays as well as demonstrations.

Mr. Nicholas Fletcher

Final year medical student, Nicholas Fletcher, has embellished his student career by winning the Treasurer's Gold Medal in both Surgery and Medicine, in addition to the Tewfik Prize and Baldwin Prize which accompany these awards. May we extend our congratulations on this rare accolade.

Medical School Prizes

We are pleased to announce that the following medical students have been awarded prizes during 1982. We extend our warmest congratulations to all the prize-winners.

Flora Project for Heart Disease Prevention: R. K. Lau
Henry Levitt Memorial Prize: P. D. Kapff
Michael Harris Prize in Anatomy: T. Blanchard
Certificates of Merit: C. P. Denton, B. Oberai
School Prize in Pharmacology: T. Blanchard
Treasurer's Medal and Prize, Baldwin Prize for Clinical Medicine: N. A. Fletcher
Second Prize: M. H. Sheng
Treasurer's Medal and Prize, Tewfik Prize for Clinical Surgery: N. A. Fletcher
Second Prize: J. A. Dixon, R. T. A. Walker
Gillespie Prize in Psychological Medicine: M. E. Illingworth, T. R. Lancaster
Charles Forster Prize for Cardiology: J. Q. Gildersleve

Dental School Prize Ceremony

We extend our warm congratulations to the recipients of the Dental School Prizes. The prizes were presented at a special ceremony in the Tower Lecture Theatre on Friday, 26th March by Mr. David Berriman, newly elected Chairman of the Lewisham and North Southwark District Health Authority.

The prizes were awarded to the following students:

Miss Christine Elizabeth Berry – Second Prize at the Prize in Children's Dentistry including Orthodontics. Alfred Rycroft memorial Scholarship
Mr. Keith Britton – David Frank Sturdee Prize
Mr. Paul David Cheshire – Alfred Rycroft Memorial Scholarship
Miss Margaret Ann Calerne Foxton – Alfred Rycroft Memorial Scholarship
Mr. Kenneth Bruce Hall – Pre-Clinical Year Prize in Biochemistry
Miss Kathryn Elizabeth Harley – Jack Wheatley and Carlton Hunter Memorial Prizes. Alfred Rycroft Memorial Scholarship
Miss Gillian Elizabeth Jean – Confined War Memorial Clinical Scholarship
Mr. Evan Aled Jenkins – Certificate of Merit – Newland Pedley Medal and Prize for Operative Dentistry
Mr. Brian Matthew Kelly – Pre-Clinical Year Prize in Special Anatomy
Mr. Mark Noel Lowey – Certificate of Merit at the Final Year Prize
Miss Anna Helena Maciag – Pre-Clinical Year Prize in Physiology
Mr. Julian Cannell Martin – Second Prize – David Frank Sturdee Prize
Mr. Paul Barry Martin – Pre-Clinical Year Prize in General Anatomy
Mr. Michael John Timothy Reevey – Confined War Memorial Clinical Scholarship
Miss Pamela Rose Robertson – Alfred Rycroft Memorial Scholarship
Miss Lindsay Jane Winchester – Prize in Children's Dentistry including Orthodontics

Mr. Peter James Yerbury – First prize in the Procter & Gamble Student Prize

Second prizes – Mr. Peter John Brodie, Mr. Samir Jagsi

Biochemistry Seminars

We would like to draw your attention to the following seminars which will take place at 1.15 p.m. in the Biochemistry Department Library/Lecture Theatre on the following days:

Tuesday, June 1st	Professor G. S. Panayi, Department of Rheumatology, *Guy's Hospital*	Pathogenesis of Inflammation in *Rheumatoid Arthritis*
Wednesday, June 9th	Dr. M. J. P. Higgins, Biochemistry Department, *Guy's Hospital Medical School*	The Biochemistry of Long Distance Training
Wednesday, June 23rd	Professor A. N. Davison, Professor of Neurochemistry, Miriam Marks Department of Neurochemistry, Institute of Neurology, London	Biochemistry of the Ageing Brain

Cazenove Nursing Awards

We should like to congratulate the three recipients of the Cazenove Nursing Awards, who are:–

Cazenove Gold Medal: Miss Monica Kathleen McSharry

Cazenove Silver Medal: Miss Jane Fiona Mary Chaplin

Cazenove Bronze Medal: Miss Patricia Ann Lang

The Cazenove Medal award was established in 1893 in memory of Canon Cazenove who was a Governor at Guy's until that date. It is awarded to the student nurses gaining the highest aggregate of marks in the Hospital examination, and taking into account their ward reports and their general *influence within the Training School.*

Junior Lecturer (Demonstrator) in the Anatomy Department

Applications are invited for the post of Junior Lecturer (Demonstrator) in the Anatomy Department for one year from 1st October 1982. Salary will be in the range of £7,290 – £8,925, plus £1035 London Allowance.

Application forms may be obtained from and should be returned to the Dean, Guy's Hospital Medical School, London SE1 9RT not later than 19th June 1982.

St. Thomas's Hospital Medical and Physical Society

After a successful combined meeting of our Pupils' Physical Society and the St. Thomas's Medical and Physical Society, we are pleased to publish the following forthcoming meetings to be held at 6.30 p.m. in the Postgraduate Centre at St. Thomas's:

Thursday, 7th October	Ian Kennedy, B.B.C. Rieth Lecturer
Thursday, 28th October	Dr. David Owen, M.P., *on Social Democracy*
Thursday, 25th November	Dame Cecily Saunders, St. Christopher's Hospice on Euthanasia

Cricket Fixtures

First XI Fixtures

Date		Opponents	Time	Grd.
April	24th	Beckenham	2.00	H
	25th	Rowan	2.00	H
	28th	KCH	2.30	H
May	1st	Temple Sheen Eccentrics	2.00	H
	2nd	London Hospital	11.30	A
	5th	Streatham Police	2.30	H
	8th	Carnegie	2.00	H
	9th	St. Bartholomew's Hospital	11.30	A
	12th	Stoics	2.00	H
	16th	Nomads	2.00	H
	19th	Incogniti	11.30	H
	22nd	Charing Cross Hospital	2.00	H
	23rd	Lonser	2.00	H
	26th	City of London G.P.O.	2.00	H
	29th	Past	11.30	H
	30th	Dulwich Wanderers	2.00	H
June	9th	Hurlingham Oddfellows	2.30	H
	12th	Old Lambethians	2.00	H
	13th	Gaieties	2.00	H
	19th	Old Castletonians	2.00	H
	26th	London House	2.00	H
	27th	Brixton West Indians	2.30	H
	30th	Brixton Police	2.00	H
July	10th	Crofton Park	2.00	H
	11th	Catford	2.00	H
	17th	Old Citizens	2.00	H

Sussex Tour

August	1st	Bognor	2.00	A
	3rd	Brighton Hospital	2.00	A
	4th	Middleton	2.00	A

Silhouettes 1982

Saturday, May29th	Past v. President	11.30	H
Monday, May 31st	Weald	11.30	A
Sunday, June 13th	Brickbats	2.30	A
Sunday, July 4th	Dormansland	2.30	A
Sunday, July 11th	Plaxtol	2.30	A
Sunday, July 18th	Copthorne	2.30	A
Sunday, July 25th	Weald	2.30	H
Sunday, August 8th	Charlwood	2.30	A
Sunday, August 29th	Four Elms	*2.00*	A

Dr. Scott's Secretary,
Tel. No.: 01-407 7600 ext. 3104

Please note that the Past v. Present and the Weald matches both occur at the Bank Holiday weekend and are all-day matches. To ease the strain on administration please let us know as soon as possible whether you are available for either or both of these games.

The Stephen Duckworth Appeal Fund

The encouraging response to the request for direct donations to the Stephen Duckworth Appeal Fund has benefited this noble cause to the amount of approximately £1,500. We should like to urge all those who have not yet contributed to do so, and would like to extend our sincere thanks to those who have.

Among the donors are:–

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Obituary

Ronald Douglas Garner Gain, L.D.S.

Ronald Douglas Garner Gain, who died on Wednesday 14th April, entered Guy's Hospital Dental School as a student in 1922 and qualified L.D.S. in 1925. Between that time and the outbreak of the Second World War, he was engaged in general dental practice in Peckham Rye. In 1939, he joined the dental branch of the Royal Air Force and as Senior Dental Officer at RAF Henlow, he pioneered the development of the mobile dental caravan. Many recently qualified young dentists had reason to be thankful to Squadron Leader Gain for the kindly way in which he eased their transition from civilian to service life.

On leaving the Air Force, he resumed his practice and joined Professor Fenn's staff as a part-time demonstrator in the Prosthetic Department at Guy's. He assumed responsibility for the care of patients with congenital and acquired defects of the palate. His reputation as an expert in this field resulted in his accumulating the largest number of cleft cases in the country. He had a particular knack of dealing with the handicapped. His manipulative skill and sympathetic manner gained him the confidence and gratitude of so many whose lives were transformed under his care. His unique contribution in the field of cleft palate prosthetics was acknowledged by his appointment as a consultant in 1967. The generations of students who came under his influence will remember him with affection as an outstanding teacher and a friendly counsellor.

Outside his professional life, he had many interests. He was an active member of Rotary, and a keen exponent of the game of bowls. He was an acknowledged expert on Samuel Pepys and took great delight in discovering and collecting his memorabilia. He was always very much in demand as a speaker on Pepys' London. He was a member of his local Council of Churches, and had served for many years as a circuit steward in the Methodist Church. It was typical of the man that following his retirement in 1974, he devoted his energies towards arranging holidays in England for Roman Catholic and Protestant children from strife-torn areas of Northern Ireland.

All who knew Ronald Gain will feel their lives enriched by that experience and will be saddened by his passing. Our sympathies are extended to his wife, Connie, and his sons, Robin and Martin, both Guy's men.

D.J.N.

B. C. Morgan, M.B., B.S.

Tim Morgan died on April 25th at his home in Bournemouth. He was born in Australia in 1924 and qualified at Guy's in 1947. After being a house surgeon at Orpington Hospital, he served in the Royal Australian Navy and then, for more than thirty years, was in general practice in Southbourne. A highly intelligent and caring doctor, he easily won the affection and admiration of both colleagues and patients. He was an ardent and skilful fisherman and numerous river banks in England and Scotland afforded him immense pleasure and a good deal of deliciously edible success.

All who knew him will never forget the short, bustling dynamic figure – enthusiastic in work and play. A great party man – but, equally, a devoted and tireless practitioner with a sparkling sense of humour and a markedly hostile regard for pedantry.

For several years he suffered recurrent ill health and his last months were a cruel burden for him and his devoted family. Thus his death must be regarded as a mercy, but he will be sadly missed.

We send his wife, Ray, and his three sons and daughter our love and sincere sympathy in their and our loss.

D. H. F.

Appreciation

Jo Hind

On 11th March, 1982, friends both from within Guy's and many from outside the Hospital with whom she has worked during the last nine years, gathered in the Robens Suite to bid farewell to Jo Hind, who had been obliged to retire following an accident last year.

Jo came to Guy's in the fifties from St. Peter's Hospital. Very soon, she was appointed to work for the Superintendent in his private office, where her considerable organisational ability quickly became apparent.

Some few years later, she started the Medical Staffing Office and quickly was in great demand to help medical and dental staff and students in their quest for jobs.

In 1973, the Hospital was experiencing considerable difficulty in recruiting staff because of the shortage of suitable living accommodation in London and Jo was asked to set up a department to offer guidance and help to all-comers looking for a home whilst working or training in the Guy's Health District, which post she has held ever since.

During this time, she acquired an unrivalled experience of all aspects of furnished accommodation in S.E. London. She has housed many hundreds of young people and has proved a wise counsellor to many, far beyond the mundane business of housing. She knows S.E. London better than any taxi driver, and has built up an encyclopaedic knowledge of where the bus stops are, what time the trains leave, where the launderettes are situated, etc.

She quickly gained the confidence and respect of all the landlords' agents and builders with whom she came in contact and also of the Guy's people she has worked tirelessly to help.

At all times, and despite the many difficulties attaching to housing problems, she has always upheld the good name of Guy's and maintained peaceful relations between landlords and tenants.

Sadly, she has been forced to retire prematurely because of the considerable disability resulting from her accident. She will be sorely missed by so many – her ready smile, her enthusiasm and encouragement, her trim figure hurrying along, often with her two Yorkshire terriers in train. In the last four years, she has been dogged by ill health, but her courage and determination to carry on have been a shining example to us all. We send our warmest wishes to her and with Alan's retirement coming soon we hope they will have many continued years of happiness together, and time to enjoy their many interests.

M. J. R.

Clubs' Union News

At this moment many students will be contemplating the insanity of the academic year, which forces them indoors and into books during the sultry days of summer. The final year, the first year dentists and medics, and a smattering of upper year dentists will all be trying to find the concentration necessary whilst other students try and find the Pimms. They say the knowledge of good things to come can be very conducive to work, so I urge all unfortunates to read on:

27th May	Jazz concert in the Ballroom with Mike Lavelle and Don Rendell. All proceeds in aid of Steve Duckworth. Tickets available from Sarah Wollaston, and Mike Lavelle in the Department of Surgery.
5th June	The Summer Festival. Proceeds in aid of Steve Duckworth. Information concerning the events should be addressed to the relevant stalwarts who have volunteered their services, namely: The Marathon – Chris King The 5-a-side Football – Colin Tidy The Mixed Rugby – Tim Bryant. The Tennis Tournament – Naresh Joshi and Rod Jennings. It's a Knockout – Simon Ward and the Boat Club.

Music – Juliet Goff and the Music Club.
Tug of War – Dr. Hutchinson.
Manning of the Gate – Alan Lobo and the Hockey Club.
Stalls – to be run by other Clubs – Sarah Wollaston.
Once again I would like to urge as many people as possible to come to the Festival, which will have a lot to offer everyone including past Guy's men, Staff, students, children; in fact anyone who is connected with Guy's is more than welcome to attend.

10th June Showing of the film *Animal House.*

17th June The sequel to *Animal House* in the Ballroom.

Apart from keeping all the arrangements for the Summer Festival under control, the Union has been active outside of Guy's

A delegation did finally make it to Belfast for the MSSIS Conference. It was a long, long journey – but worth it. Much of the time was spent in informal discussion with other medical societies. We learned a lot about how they operate and what sort of things they do. Many of the provincial schools do not get nearly as much cash to spend or facilities as we do, and so they have to search around for sponsorship. Liverpool manages to secure almost £3,000 of sponsorship a year, thanks to the efforts of its President.

Southampton Medical Society showed a film that they had made called Superdoc, it features a humanoid kraptonite allergic doctor who saves the Southampton General from a drunken casualty officer and a contriving Sister. Guy's also had much to say: Chris Hood outlined the successes of Nut Week and George Noble chaired a session on medical education cuts. Many addresses and ideas were swapped and we hope that we came away a little better equipped to run the Clubs' Union.

Bar Secretary

As many of the students will know, Anne Barton has resigned from the post of Bar Secretary. I supported her in this decision and thank her for all her hard work whilst she was in office. Andy Jones was appointed acting Bar Secretary by the Clubs' Union Council and was elected as Bar Secretary on Thursday, 13th May; 293 votes were cast. Andy agreed to take on the job of Bar Secretary on the understanding that he would not have to open the bar everytime the people who have said they will open the bar do not turn up. I assured him that he would be supported by the Union Council if he were to take this course of action. This essentially means that the bar staff who say they will open the bar are responsible for doing so, and they are the ones to moan at if you cannot get a drink on that night. Andy hopes to make some improvements to the bar in the near future – I trust that many will support him in what is the hardest job on the Union.

Merger with St. Thomas's

The final draft of the legal document which will merge the two schools of Guy's and St. Thomas's has been accepted by the Senate. The document was approved by Court, the supreme financial body of the University, on 19th May. The merger will therefore go ahead, and the United Medical School will be born on 1st August 1982. The merger with St. Thomas's will make very little difference at the outset to students in either campus. Potential students will still apply to either St. Thomas's or Guy's and the Clubs' Union will remain independent of St. Thomas's Constituent Clubs. Despite the merger therefore, the healthy rivalry between the two Schools will not be quashed.

Congratulations are due both to Peter Blacow of the Accounts Office and Dr. Richard Hughes, Consultant Neurologist, on their excellent performance in the London Marathon. As was published in the *Gazette* in February, both these men were running for Steve Duckworth. The sponsorship money, once all collected will amount to some £3,000. If anyone sponsored either athlete would they please make every effort to pay in their money. If in doubt as to who or where to pay, pop in to the Accounts Office with a cheque or cash any time before 1.00 p.m. Monday to Friday.

R.D.H. – Guy's Merger

The University of London's Joint Medical Advisory Committee, at a meeting on May 11th, approved a report by the dental Deans recommending a merger between the Royal Dental Hospital and Guy's. This will increase the Guy's dental intake from 80 to 97 students per year and will greatly strengthen the academic departments here, with Royal Dental Hospital staff. Other students from the Royal Dental Hospital will be reallocated among University College Hospital, the London and King's College Hospital.

These recommendations have now to be formally approved by the University Court and Senate before their implementation.

Lawrence Maule

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are June 11th and July 16th.

Copy may be sent to us at Mary Sheridan House, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers. When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).
Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

Guy's Hospital 250th Anniversary

The late Lord Brock (Part 4)

You will see that both these great sons of Guy's, Starling and Hopkins, had to leave Guy's and seek work elsewhere in order to achieve an adequate, even if frugal, standard of living. We must recognise the difficult financial times that the Medical School went through in the latter part of the 19th century and the first quarter of the 20th. This arose from the fact that the School had to be self-supporting. It received no government grants. These eventually came from the University Grants Committee in 1927 and were followed by other government subventions.

Before that time, a young graduate embarking on his career would receive an annual stipend of £100, if he were a part-time demonstrator, and £250 per annum if he were fortunate enough to be employed full-time. Many held a part-time post and if he were lucky enough to hold two part-time posts, he was rewarded with £200 per annum. In contrast, today there is no encouragement to take a part-time academic post and even a junior lecturer has a salary of over £3,000 per annum. A Senior Registrar benefits by graded appointments and achieves as much as £7,000 per annum. After I had been a surgical registrar for over 5 years, my salary was still £250 per annum.

The salaries obtained today are almost unbelievable to a past generation and even though they appear princely sums they seem not to have cured the problems nor satisfied financial ambitions; indeed far from it. Such changes apply not only to medicine but to almost all pursuits, at all levels; a vast sociological change.

I find that time does not allow me to make full presentation and assessment of the clinical and other work of the Hospital and Medical School for the last half century. I have to remind you of the profound changes caused by the introduction of the academic departments and of professorial appointments, especially in the clinical field. Guy's was reluctant to accept this important change and it was only in 1961 that Sir Hedley Atkins became our first Professor of Surgery and it was 1963 before our first professor of Medicine, Professor Butterfield, was appointed. We still await the full torrent of change that these steps will achieve. Perhaps equally important has been the evolution from Guy's Hospital to the Guy's Group of Hospitals. This began in 1948 when the Evelina Children's Hospital became a part of Guy's, but 1965 saw the momentous event of the transfer of St. Olave's and New Cross hospitals as part of our Group. It was felt that it would be of great local advantage if, in this way, a complete district service could be provided. The teaching advantages are also great as some 1,400 extra beds are provided; very important in view of the steady contraction that has been occurring in the number of patients coming to Guy's itself due to the great population changes. Of equal importance has been the complete integration of the consultant and nursing staffs of the new hospital group.

After this brief reference, I must refer to the profound administrative and organizational changes, especially those due to the introduction of the N.H.S. now nearly 30 years ago and the very recent reorganization

Professor Sir John Butterfield, O.B.E., D.M., F.R.C.P., Professor of Experimental Medicine 1958-63, Professor of Medicine 1963-71. Presently Vice-Chancellor of Cambridge University.

Professor Sir Hedley Atkins, K.B.E., D.M., M.Ch., F.R.C.S., F.R.C.P., Emeritus Professor of Surgery, Past President of the Royal College of Surgeons and Royal Society of Medicine.

and political upheavals. I certainly do not intend to embark on a discussion of recent events, except to refer to our Hippocratic traditions which must not be ignored. Events are too recent and the results too unformed to allow more than recognition of their existence as a part of the picture of the history of Guy's. It would, for example, be wrong not to mention the profound changes brought about as a result of the administrative machine engulfing the Boards of Governors of this as well as almost all hospitals. All must recognise the great debt owed to the magnificent work of their former governors, now terminated. Nor can I omit to mention the vast changes that the organization and administration of the nursing school and nursing staff has recently undergone. We stand on the brink of vast changes in our hospital life; certainly as important and as far reaching as the original foundation at Guy's as a deed of pity and charity.

Then there are the equally great changes in the Hospital buildings. Those of us who have watched these develop marvel at them; how surprising, even overwhelming, they would be to our predecessors of a century ago. The destruction of the East Wing by fire and by man was a big factor in the suggestion that Guy's House should be pulled down and replaced by a new building. It is indeed fortunate that the old building survives and that we still have this distinguished and pleasant 18th century structure to delight our eyes. We need only look around to see the sort of building that we might have had if Guy's House had been destroyed by enemy action or had been pulled down. I must tell you that this last was at one time a great possibility. Guy's House had suffered several direct hits by H.E. bombs and the East Wing had been gutted by fire. This was at a time when the custom was to tear down as soon as possible buildings that had been badly damaged and most sinister at this time (1941) were the opinions one heard expressed that it was just as well if the old building was pulled down so that it could be replaced by a good modern building. This possibility provoked a swift reaction and many protested. I suggest that those who are interested should consult the correspondence in the *Guy's Gazette* for November 1941. It is interesting that one letter suggested that it was very desirable to preserve three things: 1, the Front Quadrangle; 2, the Facade; 3, the Colonnade. A noted contributor to this correspondence was Sir Rowan Boland who later gave great and continuous support to the preservation of Guy's House. The Board of Governors, in their wisdom, decided to seek a completely independent opinion. An American firm of architects made a full study of Guy's House in the 1950's and presented a rather alarming report. They said that there was much to be said for scrapping it but that it could be saved or restored at a cost and that it was not for them to give an opinion on the desirability of this, that it was for the Governors to decide whether the preservation of Guy's House meant so much to them that they should wish to embark upon the difficult and expensive exercise. Opposition to restoration came from central sources which refused financial help except for a new building. The decision of the Governors was happily in favour of conserving old Guy's and the complex and expensive exercise was done at their entire expense. The original building ceased to function as the surgical block which found a home in New Guy's. Guy's House had its foundations remade and its interior was altered so that it became in 1964 a residence for senior nursing staff and housed the administrative offices. As a result we retain possession of an attractive 18th century building, so familiar to many generations of Guy's men and women, and which imparts or even inspires a special unique atmosphere on all who pass through the Front Quadrangle by Guy's statue and up the steps into the Colonnade, flanked on each side by the two inner quadrangles whose appearance is so agreeable.

As I pass through the Colonnade and see again the familiar scenes, I like to think that my opinion will be shared by most of you that we are indeed fortunate to have retained our possession of these very agreeable buildings and that they were not torn down and replaced by modern improvements. We have only the outer shell; the interior is completely altered and the wards and operating rooms are no longer there.

We have retained the three essentials, the Front Quadrangle, the Façade and the Colonnade. The surgical block has found new quarters in New Guy's House; surely an excellent solution to this difficult problem and for which the Board of Governors and others concerned deserve our best thanks. We possess our full share of modern buildings and indeed we are just now celebrating the opening of our newest acquisition which is surely modern enough to satisfy many. But, happily, we retain our old traditional building that still greets all who enter Guy's from St. Thomas Street.

When I first visited Guy's in 1920 there was, in front of Guy's statue, a huge circular area in which the wooden paving blocks, now replaced by asphalt, had been deeply burned. This was the result of the annual bonfire of New Year's Eve when anything moveable fed the fire. This was the last occasion of the bonfire which was replaced by a less sensational occasion, the Nurses Dance. I show you a picture of the annual event and the friendly ring formed for Auld Lang Syne. Large crowds of our Borough friends would gather outside the gates to see the fun. Thomas Guy stands and smiles down upon the exuberant ring of youth. May he long continue to do so in spirit even if the fearsome bonfire is no longer allowed. Let us hope that Guy's men and women of today and of the future will be able to salute Thomas Guy and his great gift of his hospital, that will preserve its identity and will not, as a result of reorganization, be called merely the District Hospital of Southwark but will retain its true name that recalls throughout this country and the whole world the memory of the great contributions that have come from it in its 250 years of existence and of service.

BROCKIE

I dreamed I saw in Paradise
John Keats and many more from Guy's,
A host of saints to greet our friend,
For him our praise and prayers ascend.

Sir Astley-Cooper and Saint Luke,
And Thomas Guy in his peruque,
Were in the front rank of that throng,
A madrigal by Keats their song.

I saw St. Peter with his keys,
I heard him ask his question please,
Who is this great one ye await
Assembled here at this dread gate?

Bart's William Harvey, said "Great Saint,
De Motu Cordis you're acquaint,
How it set the circulation,
Beyond doubt or speculation.

And on that founding stone I laid,
Have others goodly buildings made,
But none of them like Russell Brock
Of cardiac surgery the rock."

Brockie in his Tudor gown,
Lovely dark blue Tudor gown,
Brockie in his white cravat,
But at Christ's Hospital no hat;
Queen Mary Tudor saw to that,
But she left to future Blues,
Yellow stockings—buckled shoes.

From Christ's Hospital came young Brock
To Guy's in Southwark to take stock,
Of what was known and what was not,
And in five years he knew the lot.

His thought concise, his skill precise,
They twain meticulous—and nice,
His questing spirit knew no rest
Till his technique was of the best.

He first a failing life did salve
By splitting of the mitral valve,
And like Keats' Cortez he could not stand
Surveying undiscovered land.

For that procedure nigh unique,
Inspired his fellows ways to seek,
To cure diseases of the heart,
But Brock was doyen of the art.

Degrees of honour, medals—gold,
How long a-scroll doth them enfold
From every quarter of the earth,
All learned bodies owned his worth.

And what is more, this splendid man,
Did like the Good Samaritan,
Always our Lord's precept obey
Dare quam accipere!

Then Peter did the gate unlock
And said "Come enter my son Brock,
On earth you ran a noble race
In God's great house you've earned your place."

Then all the vaults of Heaven rang,
As massed male voices anthems sang,
And Christ, spake from his sapphire throne
"Both Guy's and Horsham are mine own."

I woke and scanned my dreaming verse
It might have been better, it could have been worse,
But now we have no sweet John Keats
I hope that this my rhyming meets
With just a little approbation,
From Guy's men of my generation.

For in the evening of our day,
We who are left with pride may say
That in our jocund youth so gay,
We shared in Brockie's work and play.

One of the Innominati

Dental notes

by A. D. Robinson

Coming back from holiday in the Far East I learned of the death of R. D. G. Gain – an obituary appears in this issue of the *Gazette.* All who knew him will be distressed.

We have had the (first?) reborn dental dinner. Douglas Miller, who has so efficiently reported the Dental Society's affairs, writes about it in this issue which leaves me with only a few comments about my visit to Malaysia.

This was a holiday, not a dental survey, but I was struck by the number of adults with obviously gappy dentitions. One only had to walk the streets and visit the islands to realise that dental disease there is plentiful and dental treatment scarce.

On the other hand, I assume that the problem has official recognition. I was fortunate to be shown around their fine new dental school in Kuala Lumpur by Professor Datak Lee, Head of the Department of Conservative Dentistry. The building is in style totally different from ours. It has two storeys with courtyards, and in these a profusion of tropical plants which could be seen from the air conditioned Conservation Clinic. What was going on inside the building had an entirely familiar look. It could have been Guy's except perhaps that each clinical student has a fixed place and the staff move around.

I noticed that the library consisted of books written in English. At present all the teaching is in English. In the next year or so they propose to change over to teaching in the Malaysian language. Will that create more problems than it cures, I wonder?

Dental Society Reports

by Douglas Miller

The Annual Dental Clinical Meeting 1982

This year's meeting took place on 6th March and commenced soon after 9.30 a.m. The attractions were so numerous and varied that it is difficult to do justice to them all. Floors 22, 23, 25, 26, 27 and 30 of the Tower were given over to the exhibitors.

On Floor 22 at 10.00 a.m. Mr. D. H. Gibb (Consultant Dental Surgeon), extracted all four third molars of dental student Nicola Price in front of an audience assembled in the main Consultants Clinic. The Department of Orthodontics and Dentistry for Children organised several displays including excerpts from recent postgraduate courses of help to General Practitioners in Orthodontics, and paediatric approaches to (i) traumatised teeth and (ii) hypoplastic and discoloured teeth by the mastique veneer system, which is proving to be a highly successsful technique when the veneer is properly adapted to the tooth's labial contour. Sedation techniques were shown by Miss A. M. Skelly and Mr. I. A. Nelson.

Copies of the new Dental Directory were available from Miss P. M. Sheehy on Floor 23. The Department of Oral and Maxillo-Facial Surgery had a demonstration on "The maxillary antrum and the dental surgeon", whilst the Department of Dental Radiography invited one to interpret radiographs; one which springs to mind was of a jaw with numerous thin needle-like objects in it; these turned out to be "78" gramophone needles! The School for Dental Surgery Assistants presented a display of their annual D.S.A. projects.

Floor 25 was a hive of activity. The Conservative Dental Surgery Department was well represented and amongst exhibits concerning cracked teeth, glass-ionomer cements, temporary bridges and impression materials some new and exciting developments were on show: The McSpadden technique for root canal obliteration was demonstrated along with an ingenious electronic measuring device for gauging the exact depth of a root canal. Mr. Schaller showed that local analgesia has been made much easier to obtain with the advent of the lignajet system of delivery. Several interesting crown and bridge cases were explained by Mr. A. D. Robinson with the help of a well put together slide show. The Department of Oral Immunology and Microbiology discussed, amongst other things, the vaccine against dental caries. The Departments of Oral Medicine, Physiology and Anatomy in Relation to Dentistry displayed exhibits ranging from the subject of mouthwashes to denture inefficiency during food mastication.

The fibre-optic handpieces on show were worth seeing; these were demonstrated by Mr. J. E. Cardwell on floor 26. They retail at between £600 and £800, thus Guy's hasn't yet equipped its Conservation floors with them! That is not to say that Guy's do not have excellent facilities: the Hospital has just installed brand new Siemens Units arranged for four-handed dentistry – an ideal teaching facility for both students and D.S.A.'s. The School of Dental Hygiene converted these units into a plaque control centre and the hygienists disclosed unsuspecting passers-by. The Department of Periodontology and Preventive Dentistry demonstrated juvenile periodontisis, preparation of the root surface, and had tape/slide shows of the principles of public health dentistry and the biochemistry of dental plaque. Videotapes of periodontal surgery were shown by Mr. C. Waterman.

Many of the visitors to the meeting (and there were some 700 present), had probably never used a pantograph for recording mandibular movement, the use of which was demonstrated by Messrs Smith, Joshi and Fisher with Miss M. Burgess.

"Determination of the denture space" was shown by Professor D. J. Neill of the Department of Prosthetic Dentistry. Dr. Walter presented a table clinic on "Replacement of anterior teeth by removable prostheses" and Dr. Roberts gave advice on the post-insertion care of dentures with the help of a tape/slide show. Mr. Prieskel illustrated the test anchor for overdentures with a videotape. This anchorage system obviates the need for precision attachments under certain circumstances. An exhibition entitled "In and around Guy's" was provided by the Department of Dental Photography. Dr. D. Brown in his capacity as head of the Dental Materials Science unit demonstrated the detection and control of mercury spills.

Peter Yerbury won a Ricoh camera valued at £100 for the best student presentation in the category "My most interesting case". The professional services division of Procter & Gamble Ltd. kindly donated this very worthwhile prize. Room 311 on floor 26 was generously fitted out by Baxters of Bradford Ltd. and was worth a visit.

In the lecture theatre on floor 30 Professor Rowe gave a lecture at 11.30 entitled "Conservative Dentistry 1982". This was the first Herbert Memorial Lecture, inaugurated to commemorate Professor Herbert's great contribution to Dentistry at Guy's. The lecturer discussed some of the recent developments in conservative dentistry, particularly in those areas which were of interest to Professor Herbert.

A special tea was sponsored by Colgate Palmolive Ltd. and began at 3.45 p.m. in Boland House.

The organisation of the meeting was superb. The credit for this goes to Dr. Brown who was ably assisted by a team of students.

The Annual Dinner and Ball

The Annual Ball was held at the Café Royal, on 6th March 1982. The reception took place in the Marquise Room, where Ian Pearson had arranged a tombola. His efforts raised £300 towards grants for student electives. The response to the evening was staggering; 600 people attended, possibly a little too many as the table planners found it difficult to cope with seating arrangements. However, an atmosphere of excitement prevailed throughout the evening. The Dinner and Ball proper was held in the Empire Napoleon Suite – A magnificent room which was just right for the occasion. The toast to Her Majesty the Queen was proposed by the President, Professor Rowe. Professor D. Anderson proposed the toast to Guy's Hospital and Schools in a highly entertainining manner and this was replied to equally well by Mr. R. Bret Day. The toast to the President was delivered by Mr. A. D. Robinson who enlightened the assembly as to why Professor A. H. R. Rowe is affectionately known as Jack. The President then replied to this. The final speech was a report by the Honorary Secretary, of the Society, Neil Oastler, who detailed the success the Society had had during this academic year.

The menu was well-chosen and delicious. There followed a choice of music; Mr. Rudy Rome provided the music in the Empire Napoleon Suite, whilst a disco (Audio Systems of Reading) played on another floor. The contrasting styles of music offered were appreciated by both students and graduates and it was nice to see some of the more senior members of the Society having a "bop" in the disco!

Without the exhaustive efforts of Fiona McEwan and Heath Faux (joint dinner and ball secretaries), the evening would not have been possible, and it is to their credit that the organisers of next year's dinner and ball will do well to emulate this year's function.

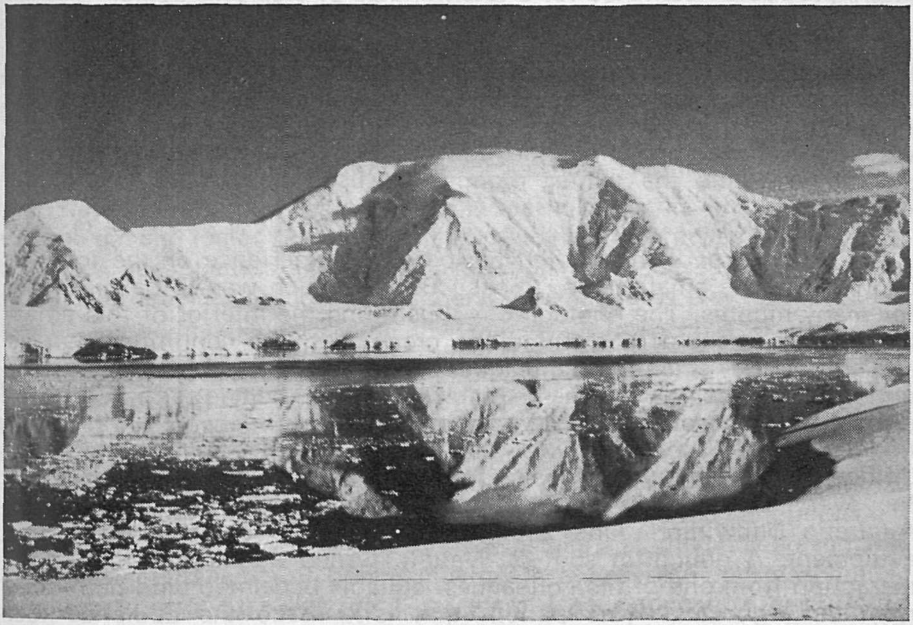
Quodlibet Society

by Timothy Houlding

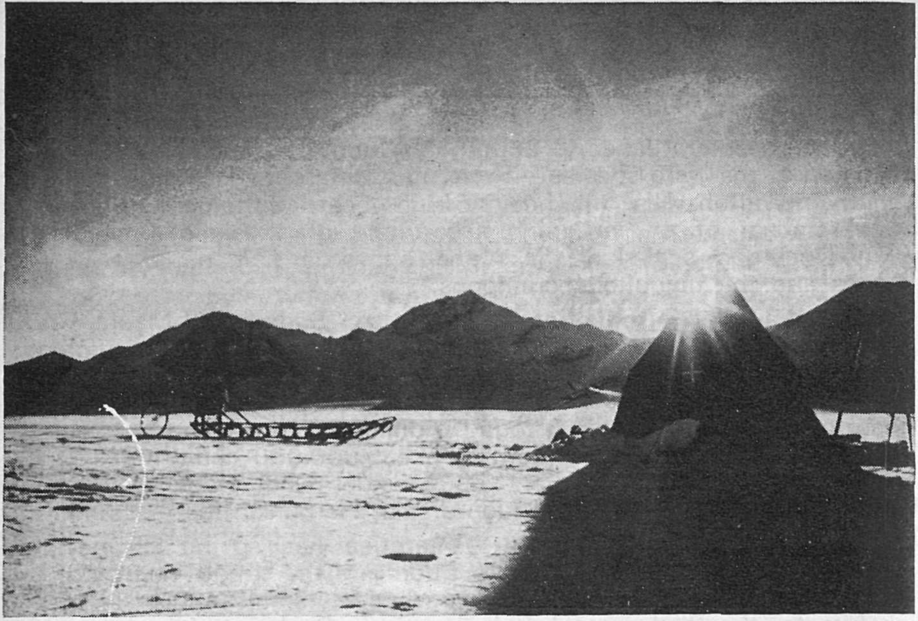
On Tuesday, January 26th, the Quodlibet Society captured a specimen of that rare species—*Exploratus Antarcticae*—in the shape of Jonathan Walton. His tall, heavily built, bearded frame was exposed after removal of an intriguing assortment of exoskeletal coverings, which included seal-skin socks and shoes, a pair of John Lennon shades and the ubiquitous crampons.

After a brief introduction by Lawrence "Snowflake" Maule, President of the Clubs' Union, Mr. Walton lifted us from the soporific comfort of the anatomy theatre to the barren, snow covered terrain of the continent of Antarctica. Whilst I could believe that Antarctica is a continent of recent exploration, I found it difficult to grasp the fact that the land mass is covered by something like 5,000,000 cubic miles of ice and snow; spine-chilling when you consider what global devastation would result if but a small fraction of that Herculean ice mass melted.

Mr. Walton explained that Antarctica has so far escaped the greedy grabbers of resource exploitation and the trigger-fingers of our missile masters. In fact, apart from a relatively small number of human inhabitants, the land mass has few natives. Seals are found on some of the sub-Antarctic islands and Emperor penguins are seen in large numbers in certain locations. These unique creatures display an indomitable respect for the female of the species which, after laying their



Reflections of awesome beauty



The Antarctic sun glancing across the explorer's camp

eggs, retire to a life of lassitude and luxury while the males stand guard over the unhatched progeny night and day for six weeks—an appallingly protracted sentence for a few minutes of slap and tickle!

Jonathan Walton showed some breath-taking slides of the cryo-landscape, including some aerial shots of the 5,000-ton ship "Bransfield" bringing once yearly supplies of fresh food and eager scientists, to the ice-berg shrewn shores of the continent. As far as geophysical research is concerned, the short summer months are used to their best advantage, while the winter months are used to prepare and repair equipment.

The speaker then detailed his personal experience on the ice-cap, showing us the small cabin, "Fossil Bluff", which was to be his home for many months. The photographs illustrating the interior of this amazing establishment demonstrated the cramped living conditions that he and his three scientific colleagues endured. Lighter moments were provided by the vision of the shower arrangement—a 45-gallon oil drum spraying water via a fenestrated tobacco tin—which was traditionally used in company with the rousing melody of the Grindthorp Colliery Band, playing "Hymns you have loved"! The cabin was equipped for every contingency—from the six course meal to celebrate the Antarctic Midwinter, June 21st, to a full set of dental and surgical equipment. A delightful shot of Walton, turned dentist, attempting an extraction from one of his colleagues, suitably becalmed with pethidine, rum and lignocaine (the patient that is!), made the audience feel grateful for the proximity of ten floors of "Tower" expertise.

Our speaker moved on to explain his scientific brief—an examination and survey of "ice-shelves" which may be anything up to 500,000 miles in area and approaching one quarter of a mile thick. Special samples taken by extracting cores of compressed ice are amenable to O_{16}/O_{18} ratio analysis, which indicates the temperature of that level of ice. The description of these exercises was illustrated with some stupendous *slides of both the team in action and the magnificent surrounding* landscape.

Jonathan Walton wound up his talk with a selection of some ethereal photographs demonstrating a number of profoundly impressive meteorological phenomena, followed by an *in vivo* demonstration of the contents of an Antarctic sledge using an exquisite scale model. The finale consisted of President Maule donning cold weather togs to render a spirited caricature of the "Abominable Snowman"!

Thank you Mr. Walton for an extremely well presented and fascinating talk—we wish you well on your future missions.

"A Slight Accident" and "Triangle"

Theatre Club reviewed by Neil Deuchar

Kate Lockwood, after her success in the past with "After Liverpool", directed James Saunders again in this double bill production held in the Ballroom, on March 18th and 19th. The playwright himself was born in 1925 and, although writing several classically structured plays, is best known for his one act dramas which have vaguely connected him with the "Theatre of the Absurd". The distinctive unreal essence of his work renders it very tricky to deal with, for both director and cast, and with just four weeks separating the original idea from the performance, they all coped admirably.

Kate's control was evidently firm in that movements were flowing, (as was the gin and tonic . . . do people really enjoy their nightcaps that strong?), and lines, cues, pauses and other such details were polished. It is doubtful whether a director can do much more with a Saunders play, except stand well back from the maniacal script and hope for the best.

Angela Wallis, a complete newcomer to the Guy's stage, grappled bravely with her part: a jittery, neurotic, hysterical (there was no knowing what degree of insanity she might attain next) housewife who guns down her husband during an especially frenzied episode of a well-known T.V. soap opera. This was a hint for the audience to ask themselves what the difference between television and real life is; subtle as a brick. In a moment of distraction she drags up the couple who live downstairs and, the body presumably turning various shades of green underneath a bear-skin rug, desperately attempts to justify the "accident" to them. I defy anyone to portray this character with even an iota of any depth of true feeling. Angela delivered her ludicrous lines with a great deal of spirit (and overacting, but I don't blame her in the least for that), and as she strutted defiantly around the set, controlling the atmosphere as best she could, I couldn't help feeling what a shame it was that all that talent should be wasted in such a ghastly rôle.

Adrien Marsden was similarly faced with the daunting prospect of trying to portray another totally shallow character. He arrives on the scene when he finds his wife, (Sarah Evans), in popping up to comfort the heroine, has neglected to make his cocoa. His life, we learn, revolves at a steady thirty three and a third around an oasis of constancy and habit. The part was played, again, as well as anyone could expect, but even Adrien looked a little sheepish when checking the time before blowing his nose. Under playing the characterisation, (a great decision ensuring a stark contrast between himself and Angela), he is to be congratulated on delivering some atrocious lines with credible deliberation and a straight face.

His wife was the one and only believable person in the plot, and Sarah acted out her part with poise, charm and serenity. It is she who eventually twigs what has happened (at last, someone possessing half a brain), confesses to having an affair, and all of a sudden shoots her husband when he reaches the peak of his smugness and smilingly gives her the gun to do so.

The message here, we surmise, is that life is only as regular as clockwork when others can be expected to behave in a routine fashion as well. Finally, the two ladies embrace in the mutual empathy of intolerable husbands, the lights dim, and the cast shuffle away, evidently overcome with relief.

The bear-skin rug moves decisively and – Hey Presto – out springs the body in the shape of Martin King, looking very debonair in a dinner suit and rearing to go after lying on the floor, motionless, for half an hour. As Martin genially chats with the front row, (a warming-up exercise, I suspect, in preparation for the toughest fifty minutes of acting I've ever witnessed), the set is slickly altered by the rest of the cast. After this brief interlude, the actor asks for his lights, (but no music), introduces the play, sits down, and begins.

"Triangle" is a one-act, beautifully constructed monologue of massive theatrical importance. It tells a story of an actor who is the guinea pig of an experimental production, in which he is given twenty minutes of actual script but is required in his contract to entertain his audience for fifty. His producer has given him a free rein as to how he is to pad out the empty half-hour on the assumption that he will not do something drastically shocking and that there is therefore no point in imposing any rules or guidelines on him at all. The generous twenty minutes worth of script depicts an actor in consultation with his psychiatrist on account of the fact that his real life is collapsing about him. "Confused?" the audience are asked. "Yes, well, so am I", the unfortunate actor admits, as he begins to hack his gloomy way into his friend – a handy bottle of gin – without which he cannot cope. As the level of gin subsides, and the actor slides gently towards inebriation, the audience are themselves cast as spectators, watching the decline of a man ultimately into a gibbering wreck, admitting his real identity as the patient on the couch.

Martin's performance cannot be overrated, in my opinion: the audience watched with sick fascination and nervous laughter, like tourists at a bullfight, as Martin ever so slowly slurred, cackled, toppled and wept his way to degradation, ruin, and exposure, stripped naked in front of his cold, callous audience. To a quarter of the applause he deserved, Martin stalked off (in a straight line, to my amazement – I just couldn't believe he wasn't truly drunk), declining to take a curtain call. This brings me to the one flaw in his performance. Although Martin played the part of an actor annihilated in front of an audience, he himself was safe. The crushing reality of this story was lost just slightly because Martin chose to shelter behind the facade of the fact that he was really only acting out a part; we never saw anything of the real person which I think James Saunders might have had in mind to complete the full circle. This is, however, too much to ask of anybody, when the facts are analysed, and so, as a theatrical performance, this was immaculate. Anyone who has the slightest interest in drama should have savoured "Triangle".

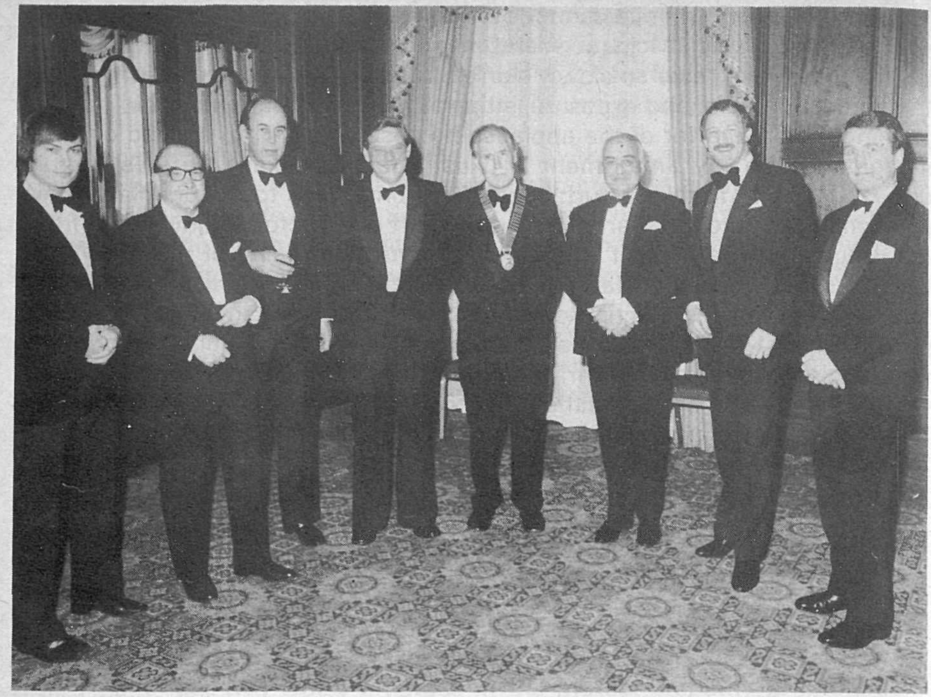
Guy's Hospital South Wales Society Dinner

by our Welsh Affairs Correspondent

The thirty-first Annual Dinner of the Guy's Hospital South Wales Society took place on the 20th March in the Whitehall Rooms of the Park Hotel, Cardiff. The two guest speakers from Guy's were Professor R. Cawson from the Department of Oral Medicine and Pathology, and Mr. John Maynard, Consultant surgeon to the Hospital.

As ever, the lunchtime meetings were exceptionally convivial, but for the first time in many years the afternoon interlude was somewhat sobering. Nevertheless, with true celtic spirit, it was manifest to all Welshmen that there *was* something to celebrate in losing their home record to Scotland – in that it was *not* lost to England. This crucial point having been established, the evening proceeded in the traditional manner.

Mr. Stephen Richards, the outgoing president, handed over the chair of office to Mr. Bill Lewis, and grace was said. After the meal, the President's address was received with the usual enthusiasm, after which he introduced the speakers and proposed the toast to "Guy's Hospital". Professor Cawson – in the form which one could recognise from his dental clinical day addresses – replied, and was followed by Mr. John Maynard who proposed the toast to the "Guy's Hospital South Wales Society".



Left to right: T. Thurston (winner of T. J. Evans Prize); Dr. H. Freeman; Mr. J. Maynard; Mr. S. A. (Bill) Lewis (Incoming President); Mr. S. Richards (Retiring President); Prof. R. Cawson; Mr. C. E. C. Lewis; Mr. G. Lewis.

The minutes were again unavoidable but the business proceeded with life memberships being presented to the guests.

This year it was particularly enjoyable to see Dr. George Scott down from Guy's and Mr. Gwilym Evans from Farnborough. Encouraged, no doubt, by their presence at the same table, Dr. Harry Freeman spoke to considerable applause – and it must be said that his advice about the boat race was once again right. The meeting was also informed (at some length) about provisional arrangements concerning the Stephen Duckworth appeal, and considerable support was expressed. Timothy Thurston, a final year medical student who won the T. J. Evans Prize with his essay on the *"Descent of Man"*, was invited as a guest of the Society. It is hoped that future winners will also attend the Dinner.

The company then retired to the bar and elsewhere. There was, perhaps, less singing than usual, but it must be said that the "Old Guard" seemed to wear better than the new. Once more, the author would like to thank all concerned for an exceptionally enjoyable weekend.

Guy's Hospital Dental Society Dinner

by Douglas Miller

The Dental Society Dinner was held on Wednesday, 12th May at Boland House. The dinner was held in the "Upper Spit" dining room and was preceeded by a reception on the first floor of the building. The evening was a grand occasion and to help do it justice the collection of Guy's silver ornaments was displayed on the tables.

The toast to Her Majesty The Queen was delivered by the President of the Society. Professor T. J. H. Clark proposed the toast to Guy's Hospital and Schools. He outlined how vulnerable Guy's was to outside pressures; firstly the Area Health Authority had complained that there were too many beds for a catchment area of only 80,000, and secondly the Flowers Report concerning the Schools. A merger with Lewisham Health District has meant that the patient supply has increased to 300,000, and, the forthcoming union with St. Thomas's Hospital (meaning an eventual intake of 195 medical students) has enabled a prospective budget of £10 million to be allocated jointly to the Schools.

Professor Tulley replied to the toast and re-iterated the fact that "these are turbulent times". But he stated that dentistry in University terms has come to the fore of late – a lot of the Deans are in the top University committees and this year's President is the first ever dental member of the Senate. To allow for more mixing of the medical and dental students, joint ward rounds would be introduced shortly. New techniques are being taught to the dental students – notably four-handed dentistry and sedation.

Neil Oastler gave a very fine report of the Dental Society year (though he views the merger with St. Thomas's with trepidation, for while he was goalkeeping for Guy's hockey team *vs.* St. Thomas's he let in fourteen goals). The average attendance at Society meetings has been in excess of 150, this was partly due to the outstanding nature of the talks, and also to the catered receptions afterwards. The sponsorship of these receptions was organised by Neil Meredith.

Apparently in the efforts to find a speaker to propose a toast to the President, lots were drawn. Mr. Maberley lost, so it was he who addressed the assembled diners (he would have us believe that no-one else would do it!). Mr. Maberley proclaimed, amongst other things, that Professor Rowe was a "legend in his own lunchtime" – a reference to his catering habits. Mr. Maberley's speech was not so much a toast but more a humorous denigration of Professor Rowe, who in reply said he supposed he should say thank you to Mr. Maberley, but pointed out that Mr. Maberley's seat number (C1) corresponded to the worst grade of sign-up for a Guy's student signifying hopeless attendance and poor ability! The President said he looked forward to Professor Clark becoming Dean of the Medical School when Dr. Houston (a superb teacher for that post), stood down. Professor Rowe was pleased to see many Emeriti at the dinner. Workaholics anonymous was represented by Donald Bompas, who through non-stop hard work had ensured a sound financial basis on which Guy's could be run.

Now that Mrs. Rowe has her points requirement (she was signed up at the Dinner and Ball), Professor Rowe was pleased to inform the audience that she would sit 3rd BDS Part V in June!

The President was pleased that Dr. Lederman (Secretary General of the F.D.I.), and Mr. Cyril De Vere Green were in attendance – both these men have international reputations as ambassadors for dentistry.

It was with regret that the President noted the absence of Kenneth *Hooper who would have been 90 this May, and Dr. McConnell who died* earlier this year.

Dr. L. Gordon Lyle and Miss Annette Chapman spoke on the merits of the Dental Dinner. Dr. Gordon Lyle stated that the first post war Society Dinner consisted of fruit and sandwiches because rationing was still in *evidence. This was a far cry from the 1982 Dinner; the menu was excellent –* the evening was catered for by "Party Ingredients" who gave very good service. Mr. A. D. Robinson arranged the dinner in a thoroughly professional manner, and was helped by Mr. A. A. Robinson and Mr. Bompas. The evening proved to be very popular and one hopes that the dinner will now continue as *a permanent fixture in the Society's calendar.*

Pupils' Physical Society

The Joint Meeting of the St. Thomas's Medical and Physical Society and *the Pupils' Physical Society of Guy's Hospital*

The St. Thomas's Medical and Physical Society and the Pupils' Physical Society of Guy's Hospital have a common origin in that they are both offshoots of the Physical Society. The latter, founded in 1771, was the first Medical Society to be founded in England.

As with all student societies, their fortunes have waxed and waned through the years, but both are currently enjoying a revival of interest. The St. Thomas's society, after the Second World War, made the emphasis of their meetings non-medical. Their recent speakers have included distinguished politicians, lawyers and commentators. The Pupils' Physical Society has maintained its interest in medical subjects, and its meetings are given by students. For many years it has been the tradition that the two societies hold joint meetings once or twice a year.

It was therefore appropriate in this year of integration that St. Thomas's should again kindly invite Guy's students and staff to a meeting of the Medical and Physical Society. At the meeting, which took place on 20th April in St. Thomas's House, students from St. Thomas's described their electives. Slides of fair-haired Solomon Islanders in the jungle, tales of hitch-hiking through the Bolivian mud, ostrich-riding in South Africa and the story of the bike-borne researcher on Relaxin in Hawaii, provided much entertainment and ideas for those yet to embark on their electives. The meeting was chaired by Dr. Croft, President, and organised by Susanna Hurley, Senior Secretary, and her committee. An excellent dinner followed and was enjoyed by representatives of both societies.

The success of the occasion bodes well for both societies and for a happy integration between Guy's and St. Thomas's students. The Pupils' Physical Society is planning to reciprocate the St. Thomas's hospitality shortly. Students and staff of both hospitals are warmly invited to meetings of either society.

William van't Hoff

Nursing

Part-time Diploma in Nursing: New Curriculum

Polytechnic of the South Bank
FACULTY OF EDUCATION
HUMAN AND SOCIAL STUDIES
DEPARTMENT OF NURSING AND COMMUNITY HEALTH STUDIES IN PARTNERSHIP WITH
THE THOMAS GUY SCHOOL OF NURSING, GUY'S HOSPITAL

The University of London instituted the Diploma in Nursing in 1926. The current scheme (a 2-year part-time day release course in Year 1 and $\frac{1}{2}$-day release in year 2), was introduced by the University in 1965-66. In recent years it has become apparent that further and radical revision was needed to keep in line with the progress of professional developments in nursing and to take account of current concepts of good educational practice.

The revised Diploma is an advanced nursing qualification, designed to develop the registered nurse's capabilities to fulfil a rôle in a chosen specialist field and to enhance her contribution to the development of the nursing profession. A primary objective of this new scheme is that it will enable the student to develop a deeper understanding of his/her practice and foster a critical approach to nursing.

While it is envisaged that the Diploma will be sufficiently challenging to constitute a worthwhile end in itself, some nurses who take it may wish to proceed to degree courses in nursing or related studies, or to the Diploma in Nursing Education or a Diploma in Nursing Management. Thus the programme has been planned not only to constitute an entity, but also to provide a foundation for further studies.

The curriculum, therefore, involves a completely new approach in the following ways:–

(1) Throughout there is strong emphasis on a nursing model, rather than a medical model.

(2) The course units system is used with progression from one unit to another. Six course units are proposed:–

(i) The Human organism
(ii) Social Organisation and Social Change
Year 1

(iii) The Application of Care
(iv) Emergence of Modern Nursing and Midwifery
Year 2

At this point some students may opt to proceed to the Diploma in Nursing Education or the Diploma in Nursing Management. Otherwise students will proceed to:–

(v) Research and Nursing
(vi) Nursing
Year 3

The first four units are planned to complement each other and to encourage the candidate to widen his/her knowledge and her thinking, whilst deepening her understanding of nursing.

Following this broadening experience, in units 5 and 6, the student will be required to focus on his/her chosen field of study and to demonstrate a deepening awareness of the particular branch of nursing he/she has chosen, by the application of research models, by describing innovation in practice and by evidence of the search for excellence in nursing.

(3) The new course differs from the present scheme in its admission requirements; the main changes being that candidates will be required to attend *an approved* course; a more demanding criterion for the standard of general education (i.e., the possession of 5 G.C.E.'s at "O" level instead of 3), and the inclusion of a professional experience stipulation that requires the student to have at least two years post-registration experience before the Diploma can be awarded.

The course took a year to plan and was validated by London University in February 1982. We are currently studying applications; selection interviews will take place in May and June. The twenty successful candidates will commence units 1 & 2 in September. This is a new venture for the Thomas Guy School of Nursing and we are delighted to enter into partnership with our colleagues from the Department of Nursing Studies at the South Bank Polytechnic. It has been stimulating, enlightening, great fun and hard work planning the course. The planning committee very much hope that students who undertake the course will also be stimulated, enlightened, have fun and the hard work is take for granted!

Education facilities and staff from both institutions will be involved in the course. The necessary clinical experience will be given mainly in the Guy's Health District. Further details and application papers can be obtained from the Department of Nursing Studies, Polytechnic of the South Bank.

Hilary Hyde-White.

Physiotherapy

Three events in the last few weeks have led to a renewed contemplation of the staffing requirements of a hospital which trains physiotherapy students. Firstly, there was a question about the changes in staffing which might be called for in a hospital which, up to that time, had not had students attached for clinical experience. Secondly, there was the dissastisfaction, among senior clinical staff, encountered during a visit of inspection to a school in Scotland. Thirdly, there was the belated arrival of the DMT-agreed budget which appears to restrict us to the staffing levels of last year, which were then generally agreed to be inadequate and which engendered considerable quantities of ill-feeling, both within the profession itself, and between us and our medical colleagues.

Hospital physiotherapy departments like ours suffer from the historical concept that the presence of students working in the wards and out-patient departments allows for a smaller trained staff than would otherwise be deemed appropriate. Thus, departments in, for example, Barts, Charing Cross, the Westminster, UCH and the Royal Free, which do not have Schools of Physiotherapy, have considerably larger numbers of qualified physiotherapists per 100 beds than we have. If one assumes that each student in the course of the three year training has to have a minimum of 1000 hours clinical experience spread over the latter two years, we could calculate that the 80 students in a given year are contributing 40,000 hours of treatment, which is roughly equivalent to the full-time work of 8 or 9 qualified staff. Fine, one could say, if our clinical staff differs by this number from that in those other hospitals we are adequately provided for.

What this calculation fails to take into account, however, is that the students – particularly those in their second years of training – require a considerable degree of supervision to ensure that the treatments they carry out are, firstly, safe, and secondly, effective. Furthermore, if we are to call ourselves a teaching hospital for physiotherapists, as well as for doctors and dentists, we need to make sure that the periods of clinical practice are not designed simply to be of benefit to the patients of the moment, but are learning-experiences which will better fit the student for treatment of the patients of the future. Gone, one sincerely hopes, are the days when the supervisor handed the student a list of names and conditions and told her to go ahead and treat that lot.

Where should this teaching input come from? We have discussed before the many and varied demands put upon the senior clinical staff, and the way in which an increasing proportion of the onus for educating the next generation of physiotherapists is placed upon them. Should the school staff be enlarged? At present we are well short of the staff to student ratio in establishments for Higher and Further Education. Unfortunately, not only is the supply of qualified teachers severely restricted, but also the essence of clinical teaching could be said to be the immediacy of the relationship between the practising clinician and the student. The School's clinical tutor must become out of date in a short time unless regular sabbatical refreshers are allowed, and has to be a generalist when what is really needed is a succession of specialists.

Established schools like ours are parasitic on our physiotherapy departments. The 1982/83 funding must have a deleterious effect on the department's collective and individual efficiency while the school continues to demand such an input from them. And if we are to staff our departments in the future, the School must make that demand. Will someone please recognise this very real dilemma and allow us to make the expansion necessary to overcome it?

R. J. Cooper

Book Reviews

"Fixed Bridge Prostheses" by D. H. Roberts. 2nd Edition. Pp. 289. Price £14.50. Published by John Wright.

The change in format for the second edition of this book is immediately apparent. It has shrunk in size, the typesetting is no longer justified and the irritating two-column format has been introduced. On the other hand, the number of pages is virtually unaltered, the yards of blank paper have been reduced, and inevitably the price has risen. The quality of the illustrations is noticeably poorer because of the reduction in quality of the paper. However, it would be regrettable if this book stayed on the shelves because of its unappetizing appearance.

The text, which is divided into three sections – general considerations, bridge types and clinical procedures – does not differ substantially from the first edition.

The author considers in great detail the reasons for replacing missing teeth, the indications and contraindications for bridgework, the design of pontics and the preparation of abutments for retainers. The book is liberally illustrated with photographs and line diagrams; the former are rather small and have suffered by the reduction in size and paper quality, whereas most of the diagrams have retained their clarity. The chapter on materials has been updated, especially the section on metal-ceramics and impression materials; however, no mention has been made of the use of glass ionomer cement for luting restorations.

In the preface, it is stated that the book has been built around clinical experience gained over more than twenty years by a number of operators. This is reflected in the text and is one of its major contributions. However, the inclusion of such a large section on resin retained bridges, which are still in their infancy, might be considered unwise.

The undoubted importance of good periodontal preparation of the mouth has been recognized by the addition of a specific chapter written by Professor Davis. It is curious that a little further on in the book, this excellent contribution is followed by an unmodified section on periodontal assessment from the first edition in an otherwise very informative chapter on case assessment and preparation of abutment teeth.

The use of elastic impression materials is fully described and profusely illustrated; these pages would help those students who have particular problems with impression taking. Perhaps in a book aimed at postgraduates, the use of reversible hydrocolloids should have been included. Particular attention is also paid to those details which too many dentists overlook, that is good occlusal records, construction of temporary restorations and trial insertion of the permanent restorations.

The reader may be lulled into thinking that bridgework is a simple procedure but, in case he loses touch with reality, *he is rapidly brought down to* earth by a chapter devoted to failures, not only their causes but also some methods of troubleshooting.

The first edition was an excellent book, and although the format of the second edition might deter the casual reader, it is a book well worth buying unless one has a first edition. The book is very suitable for practitioners wanting to extend their skills and knowledge, but is unlikely to appeal to other than the keen student. Nevertheless, copies should be available in the library of each dental school.

T. R. PITT FORD,
Senior Lecturer, Department of
Conservative Dentistry.

"Immunological and Clinical Aspects of Allergy," Edited by M. H. Lessof. Pp. 443. Price £24.95. Published by M. T. P.

In recent years there have been many advances in immunology and allergy. Study of the immunological mechanisms underlying allergic reactions has led to improvements in clinical diagnosis and treatment. This book attempts to bring together the advances in these areas for both the scientist and clinician.

The first part of the book deals with immunological reactions involved in allergic responses, and with the laboratory and clinical techniques used in their assessment. Allergy in childhood is then dealt with from both a genetic and clinical view.

The major part of the book deals with clinical aspects of allergy. It is not surprising to find that most space is devoted to respiratory and skin allergy and to reactions in the gastro-intestinal tract. The chapter on the eye is unnecessarily long because it is padded by the inclusion of disease of an auto-immune nature. These inclusions serve only to confuse the distinction between allergic and auto-immune diseases. The final chapter on the effect of antibiotics on the immune reaction seems to have been added as an after-thought and bears little relationship to what has gone before.

In general this book does fill a gap for the clinician and scientist, but it must also be said that there are sections which would be better omitted and included in alternative texts on immunology.

JAMES GILLGRASS,
Registrar, Department of Medicine.

"Applied Pharmacology" by H. O. Schild. 12th Edn. Pp. 519. Price £11.95. Published by Churchill Livingstone.

This is the latest editon of a book first published in 1923. I was glad to be asked to review it as I had not carefully examined a copy since my undergraduate days in the early sixties when the 9th edition was our recommended text. I know from experence that it is surprisingly difficult to revise a text, particularly one as successful as this, and I was therefore curious to see just how the book had changed. I have to report that the book has been transformed into a modern-looking two-column format with pleasing typeface and a strong binding that lies flat. This renovation has not prevented the odd typographical error, e.g. hydrellezine; but overall this book is a pleasure to read. Some of the illustrations, particularly the smoked drum tracings and the patients, look familiar but there are a number of clear and apposite new diagrams. I had forgotten, or never realised, how good many of the older diagrams were. For example, much can be learnt from a study of the diagram illustrating the effect of a single oral dose of digitalis in a patient with heart failure due to auricular fibrillation which dates from 1932. This brings me to my major criticism: the persistence of some old terms and emphases in the applied parts of pharmacology which are as old-fashioned as calling atrial fibrillation auricular fibrillation. For example: pargyline receives more space in the antihypertensive section than prazosin as do the veratrum alkaloids; mianserin is only briefly mentioned; doxorubicin (adriamycin), which is probably used in more cytotoxic combinations than any other drug, receives just two lines; sedation is suggested as a treatment for hypertension as is intravenous methyldopa; dopamine is regarded as an experimental drug and not mentioned in the section on shock. Doubtless the revision was long in the press, but I would have hoped for details on some of the newer drugs now available, e.g. third generation cepholosporins with interesting extensions to their antimicobial spectra like cefotaxime, some of the newer non-steroidal anti-inflammatory agents like sulindac and piroxicam. In addition, the short section on "preparations" at the end of each chapter seems to me to serve no useful purpose at this level. Clinical students will require a book on clinical pharmacology and the B.N.F. to learn about the practical use of drugs. On the basic aspects of pharmacology the text is, as one might expect from Professor Schild, in most places both clear and up-to-date although I was surprised, for example, to find no mention of the Vaughan-Williams classification (or indeed my classification) of anti- arrhythmic drugs, leukotrienes or benzodiazepine receptors.

Overall, despite the above criticisms (which perhaps partly derive from the designation of the book as being Applied Pharmacology rather than say, Pre-Clinical Pharmacology) this revision has successfully transformed the rather old-fashioned book which I remember into a useful textbook for the B.M.S. student. I have little hesitation in recommending it as a book for our students at this level.

HOWARD ROGERS,
Reader, Department of
Clinical Pharmacology.

"You and your Heart" by Paul Kezdi. Pp. 222. Price £1.75. Published by Pelican.

This book is written by an American Professor of Medicine and translated into English by a Professor of Cardiology at the Radcliffe Infirmary, Oxford, so it should cover the subject authoriatatively and in an up to date fashion. In fact it does this very well but it is not at all clear for whom the book has been written. The author presents it as a guide for concerned non-medical persons to use in avoiding heart disease and it certainly covers fields such as diet, exercise, smoking, sexual activity and to a lesser extent stress and life style in a comprehensive way. It also deals fairly extensively with the systemic and pulmonary circulations, the aetiology and pathology of rheumatic fever, congenital heart disease, the pathology and histology of atheroma in the arteries, the inter-action of multiple risk factors and the relative percentages of polysaturated fats in the diets in different countries.

The book contains a great deal of good sense and good advice but its style falls nearer to that of a chatty text book than a popular paperback and I suspect a non-medical reader would have to be exceptionally worried about his heart in order to read it through. It is certainly worth reading by anybody concerned professionally with heart disease because it gives an excellent overview of the present state of knowledge but it is often fairly heavy going.

EDGAR SOWTON,
Consultant Cardiologist

"Physical Diagnosis" by J. W. Burnside. Pp. 256. 16th Edn. Published by Wiliams and Wilkins.

This is the sixteenth edition of an American text on history taking and examination which first appeared at the end of the nineteenth century. In view of this, and the fact that the majority of the text is written by a single author, it is perhaps not surprising that a number of sections are not up to date. The section on auscultation of the chest has progressed little since Laennec—hopefully few students on this side of the Atlantic believe that "râles" are produced by air and fluid in alveoli. The Pickwickian syndrome is described without any reference to sleep apnoea.

There is an interesting attempt to teach communication with patients in a chapter entitled "Interpersonal Skill in Physical Diagnosis". Such a detailed approach to history taking is unusual in equivalent British books and, despite some Americanisms, many students would benefit from analysing their history taking in this way.

There are a number of dubious anecdotal observations, such as the cobblestone appearance of skin on the back of the neck in cigarette smokers. As usual, a number of longstanding textbook errors are repeated; for example, the correlation of 5 g of desaturated haemoglobin with the presence of cyanosis.

All the available texts on clinical examination have such defects, and although this is a reasonable guide to physical examination, it offers no real advantage over the popular British equivalents, particularly MacLeod and Bouchier & Morris.

P. J. REES,
Clinical Tutor.

Correspondence

Stephen Duckworth Appeal Fund London Marathon 1982

Dear Sirs,

It is with great relief I am able to announce that I managed to complete the London Marathon.

I have been amazed at the kind and generous sponsorship and I should like to thank the vast number who have contributed, or I hope will have done so by the time this is published. I am grateful to all those who helped collect sponsors and their subsequent payments.

In conclusion, I should like to thank especially those who have helped to reduce the pain and strain of the occasion, namely:– Mike Fendick and Andy Baker, my lunchtime running companions and Lynn & Keith Malone who looked after me on the day.

Yours faithfully,

PETER BLACOW,

The Medical School Accounts Office,
Guy's Hospital,
London SE1.

Medical Illustration to "Graphics"

Dear Sirs,

As the person most concerned with Medical Illustration here at Guy's Hospital Medical School, I cannot let the name of this department be lost, without some comment.

The Department of Medical Illustration has been in existence for thirty-five years. It was started by one artist in 1947 and until recently the number of staff had grown slowly to five, consisting of three artists and two chartists. Now we see from the direction signs put up on this 17th floor of Guy's Tower that it is called "Graphics".

I was trained in Fine Art, gained experience in Medical Art, have worked in Medical Illustration all my life and at Guy's for the last eighteen years. As a Tutor and Chairman of the Education Committee of the Medical Artists' Association of Great Britain, I have trained and examined many staff and students in the subject who are dismayed that our very specialised work should be put under the vague name of "graphics".

We are also apprehensive for our medical art service, as this new name presupposes, if anything, a limitation to certain types of work. Recently, diminished space and a 45% cut in staff, in spite of an ever increasing amount of work requested, are causing frustrating delays and cuts in the service. As well as supplying this service, of what should be immediate illustrations for lectures and papers, we look upon our work as academic, contributing something to the original and research work of other departments.

I deplore the omission of the word medical from the name, and I think that the only improvement possible, would have been to add the word dental to our existing name, so making it The Department of Medical and Dental Illustration.

Yours faithfully,

PATRICIA ARCHER,

Department of Medical Illustration,
Guy's Hospital,
London S.E.1.

Professor Jack Joseph

Dear Sirs,

As most of your readers are aware, Professor Joseph will be retiring from the Anatomy Department after 32 years of service to the School.

We hope to arrange a farewell party for him at the end of September and it is intended to present him with a gift on this occasion. Any contributions towards this gift would be very welcome. Cheques should be sent to Dr. M. C. E. Hutchinson and accompanied by the signature of the donor on a separate piece of paper so that a book of contributors can be compiled.

Yours sincerely,

M. C. E. HUTCHINSON,

Department of Anatomy,
Guy's Hospital Medical School,
London S.E.1.

Panel of Translators

Dear Sirs,

The Wills Library maintains a list of staff and students who have a certain degree of proficiency in a foreign language and who would be willing to interpret for patients or undertake short informal translations of letters or papers. This list is now being updated, and if any of your readers would like to have their names included on it we should be very pleased to hear from them.

Yours faithfully,
P. Gale

Wills Librarian,
Guy's Hospital Medical School,
London Bridge, SE1 9RT.

Mrs. J. M. Hind

Dear Sirs,

May I, through the courtesy of your columns, express gratitude to all my friends for the many beautiful gifts and flowers given me on my retirement. I am overwhelmed by your generosity and by the numbers of letters I have received from Guy's people all over the country and to which I am gradually replying.

I was very touched by the enormous gathering of people at my farewell party and my special thanks go to Mr. Cann who travelled many miles from Somerset to make the presentation.

Although it is sad that I have been forced to retire because of the disability following my accident, I shall, nevertheless, take with me happy memories of my years at Guy's and I look forward to having more time to see the many friends I have made during the last twenty-five years.

Yours sincerely,
J. M. HIND,

Bridge Haven,
Westgate Road,
Beckenham,
Kent, BR3 2DS.

Sport

Summer is here again, but, alas, so are the ever looming examinations. It is the ultimate act of masochism to lock oneself away in solitary confinement in the steaming heat and I must truly admit that the only thing that helps me maintain my sanity is the thought of at least one afternoon spent chasing a cricket ball. Speaking of which, Guy's made an inauspicious and rather rapid departure from the Hospitals' Cup to Barts once again, but more of that in reports to follow.

As time has also come for me to move to pastures new, I should like to wish the sports people of Guy's every success and pleasure in pursuit of their sporting activities and look forward to a return to Guy's sport in the future, if, and when, the opportunity arises.

Alexander Williams

RUGBY FOOTBALL

Guy's Hospital 24 pts
St. Mary's Hospital 7

This was probably the best performance by Guy's this season. St. Mary's began like an uncontrolled express train against the wind but failed to score. We inched our way back into the game and from a tapped penalty our captin Keevil waltzed over for a try, handing off defenders as others swat flies. St Mary's forwards in their zeal became undisciplined, and by half time Mike Bundy, who could do no wrong, had kicked four soul-destroying penalty goals.

In the second half we became more expansive and an opening carved out by Nihill and carried on by Brazier ended with a try by Poole. Towards the end of the match, David Lloyd who had been treating us to a completely novel approach to wing-threequarter play, scored an extraordinary try by hurling himself through a wall of three opponents. We're still trying to work out how he managed it.

National Medical School Sevens
Manchester, 27th March 1982

Guy's have a good record in this competition: two years ago we won the trophy, and last year we reached the semi final. This year our intrepid band included a second team, most of whom only twenty-four hours previously had been enjoying themselves so much in the bar that they were easily talked into coming along. The first team, ably led with a now familiar mixture of Celtic abuse and physical violence by Nigel Poole, won its group easily and proceeded into the knock-out competition, where we dispatched Manchester Medical School with some panache. Prominent in this match were the elusive Jones and Maggs and the deceptively lazy long-legged Hackett. The next game was against Edinburgh who psyched us out somewhat by playing "Scotland the Brave" on bagpipes before the game. We were beaten because they were better at securing possession when the ball went loose. They were also very fast. The first team final was very exciting, won in extra time by UCH who beat Cardiff. These two teams were, by some distance, the best in the competition.

Our team in the plate competition began unpromisingly (which is why they were in the plate in the first place) but went from strength to strength, improving as they got to know each other. Simon Wyeth, playing his first rugby for several decades, was outstanding at scrum-half and Jamie Lee consistently breached the opponents line for important scores. The side was led with northern bottle by Simpson Hamilton. In the final against the Royal Free, Guy's triumphed in fine style. The match was evenly balanced for some while, but the turning point came when David Lloyd chased back and tackled the Royal Free flyer who stupidly thought he was about to score. From the subsequent line out the ball spun through the confident hands of Meharg to Paul Reynolds, who kicked ahead and displayed genuine pace before touching down. There was another less subtle but very popular score by Andy Girling.

First Seven: Bryant, Poole (Capt.), Slater, Docker, Hackett, Maggs, Jones.

Second Seven: Lloyd, Hamilton (Capt.), Girling, Wyeth, Lee, Meharg, Reynolds, Sub. Dyer.

Loughborough Students 53 pts
Guy's Hospital 10.

"Are we ready?" screamed the Loughborough captain to his team before the game.

"Yes!" his team screamed back in reply. They weren't kidding.

In the first half we had the elements, and a one-in-three slope, in our favour and played with some confidence to reach half time 18–6 in arrears. Our scores were two penalty goals, well struck by Hackett. Clearly though, the Loughborough backs were electric and if we stopped them the first tackle was never decisive enough to kill the movement. The front five did well and Brazier deserves a mention in despatches for propping at short notice. Charles Popplewell was also at his spirit of Dunkirk best.

The final score of the match was by Alan Jones, put over for a try in the corner by Keevil. Alan had a good game, making something from every opportunity that came his way, but in general we could not compete with Loughborough's superior fitness and pace.

Neil Slater

ASSOCIATION FOOTBALL

1st XI Final Report

As the snow melted, the 1st XI prepared for a tough second half of the season. Although not yet actually in relegation trouble, victories had been hard to come by, and too many points foolishly thrown away.

We began with the Vets. They had had a good run up until Christmas, but this did not impress us at all. We drew 2–2. Our first goal came from Ian Renwick, with the goalkeeper flat on his back after daring to stand his ground in the face of John "Casserôle" Rawcliffe. (He's now honorary President of "that Club" following his recent elevation to an engaged status – congratulations, John!) The poor 'keeper obviously bore frightening memories of this incident, for in the second-half he hesitated on seeing John bearing down on him again, and allowed us an easy goal. Harri Williams and "Know-all" Cowland both played their first games for us this season and put on an excellent display.

Bart's started against us confident of victory, but were pretty useless. Rawcliffe's cousin, loud-mouthed and arrogant and their only good player in the first match, was tame this day and we were unlucky to end up drawing 2–2 after being 1–0 down and then 2–1 up.

For the match against Charing Cross, we greeted the return of final year medics, back from distant pastures. We lost 2–1, after being in front; Anu missed so many chances that we lost count of just how many opportunities he'd had!

SOAS were awful, and had a pitch to match their play. For me, it ranks second only in bad pitches to their mud-bath of last year. Four glaring mistakes gave them four goals, and in the end we only just managed to draw.

RCM took the lead against us and we were a long time hitting back. The captain missed a hopelessly open goal after good work by Andy Jones and John, and Anu too had his fair share of chances. In the end, Dave Taylor, with a penetrating burst of pace, sent the ball through a tiny gap between the post and the 'keeper's waist. They were the only two who knew it had actually reached the back of the net fairly! Anu scored the winner – just.

And the Vets again. They took an early lead with our defence looking very precarious. However, the moment our back four put it all together, with Ken and Liam Broughton finding their feet and going from strength to strength, the rest of the team clicked and went rampant. Dave Smalley scored our first and third goals, the latter a good individual effort. The other was scored by right-back Andy Jones, substituting for Liam, in the inside-left position. He placed the ball in the only spot it would go.

Finally, the return against UCH at Shenley. The League tables had just been published, and we knew we needed two points to ensure survival in this division. We went down 1–0 to an early goal, a mis-cued shot that went against the general run of play. Guy's fought back. Ian Renwick scored our first, a beautifully placed shot past the 'keeper. Dave Smalley was given an opening in the box, but was pulled back by his defender, losing the hem of his shirt in the process. He thumped in the penalty – off the underside of the bar. And on the stroke of half-time. Alex Williams neatly tucked away a well-struck corner, 3–1. For the nth time this season, we slackened off when ahead and let UCH get back into the game. It was 3–3 for a long time, and despite having much of the play, we just couldn't find the net. Until, that is, two minutes from the end: John to Ian, Ian to Skip, who had lots of time to find his spot and score the winner.

That game, then, was memorable for helping the 1st XI out of the relegation zone, but also for Anu not missing a single chance. On the other hand, he hadn't had one, so his consistency cannot be faulted. Dennis Kinsella was desperate to return to Guy's after the match and take out yet another girlfriend. (She must be a real ogre to keep you from your beer, Dennis!)

The 1st XI finally avoided relegation with a last-minute victory over RCM, and thus entered the final game against championship contenders Middlesex, knowing that the result mattered only to the opposition. Unfortunately, instead of enjoying ourselves and playing the ball around, we surrendered to the eager Middlesex players, except for a 20-minute period in the first half. Three quick goals against us in the second half knocked-out whatever enthusiasm we originally had, and the opposition romped home 5–1. A sad send-off for those final year stalwarts. Our one high spot was the beautifully struck corner from John Rawcliffe headed neatly into the goal by Alex Williams.

Our final figures are thus:

P	W	D	L	F	A	Pts
18	4	7	7	35	44	15

A disappointing season in the League, then, especially since at times we looked so good and came so close to victory in more matches. Indeed, only KCH and Middlesex we acknowledge were superior.

Top scorers in this low-scoring season were John and Dave Smalley with 9 each. Anu Biswas scored 7, and Ian Renwick and Skip, 4 each.

This season will be particularly remembered for our appearance in the semi-final of the UH Cup. Although we were given an easy passage there, nevertheless we were owed some luck and very nearly reached the Final.

As many as 25 people appeared for the 1st XI in all the matches, 10 played in 10 or more League games, and a further 4 almost made the 50% mark, so there was a fairly small squad of regularly appearing players.

My thanks go especially to Alex Williams for his support and enthusiasm, particularly when training faltered, and to Colin Tidy who did an excellent job as Secretary despite unfavourable conditions.

The AGM will be held on Thursday May 27th. All past players and vice-presidents will be very welcome and are asked to contact Colin beforehand.

Squad: R. Lawson, A. Jones, I. Leonard, D, Kinsella, R. Dubbins; M. Batterbury (Capt.), A. Williams (vice-capt.), A. Biswas, D. Smalley, J. Rawcliffe, I. Renwick, K. Harper, N. Cowland, D. Taylor

Rudolf

HOCKEY

1st XI Easter Tour

After a very successful season, the Guy's boys set off to the annual Folkestone hockey festival at 9.00 am on Good Friday. It came as no surprise that our departure was delayed by "Cyril" Sethi – still unable to tell the time.

On reaching the hotel, we were greeted by "the Fatman"; we unpacked and set off to play our first match against Norwich Grasshoppers. Captain Alan 100% Lobo recited that same pre-match talk, telling us the advantages of tackling in twos and keeping it tight at the back. We won rather more easily than expected, thanks to goals by "Cyril", Iain "the mouth" Cranston and Dave "Where is he?" Hett.

Asim "Give us a sign" Khwaja then guested for Tommy's both on the pitch and in their team photo. He played well in spite of some severe touchline heckling. Cyril waited patiently in the arctic conditions expecting to replace the now tiring Khwaja at half-time. But he was given the elbow – a surprising insult to a man who must figure strongly in Ron Greenwood's World Cup plans.

Easter Saturday – and in true Guy's tradition we all made it down to breakfast. After suffering several gastrocholic reflexes, we left for our match against Radley Galleons. Despite conceding an early goal, we came back to win 6–3 with two goals from Simon "Babyface" Wyath, two penalties from "The mouth", and one each from Neale "The

The successful Guy's 1st XI
back row left to right: Niaz Karim, Robin Russell, Neale Calver, Iain Cranston, Asim Khwaja, Ollie Stovin, Guy Thorpe-Beeston.
Front row left to right: Dave Mett, Alan Lobo, Neil Oastler, Simon Wyath, Tariq Sethi.

stomach" Calver and Niaz "The winge" Karim.

Our match against Nottingham University proved to be our toughest. We played some of our best and worst hockey to draw 2–2 with goals from Wyath and Karim. In the afternoon, we all suffered from hypothermia watching a Festival XI beat the French National side 3–2.

Later, we staggered along the seafront to meet the Nottingham team. On the way, "The Beast" enquired into the welfare of some rather dubious looking women in the shopping precinct.

On Monday morning some of us were reckless enough to play on behalf of Radley Galleons, along with some old schoolfriends of Ollie "Beergut" Stovin. The team did well to hold a strong Rotterdam side to 5–2. Straight after, a now tiring Guy's side played their final game against Bourne. Thanks to some much needed touchline support, we managed to maintain our unbeaten record. We won 2–1 with goals from Wyath (again) and Sethi.

Finally, on behalf of the team, I would like to thank Alan Lobo for the excellent job he has made as captain this year in one of the club's most successful seasons.

Rob

CRICKET

24th April v. Beckenham 2nd XI
Won by 6 Wickets

In a fixture that is rarely completed due to the weather, the 1st XI made a good start to the season. After losing the toss and being condemned to the field, Guy's opened the bowling with Tunnadine and Wright (now sadly gone to an S.R. job in Liverpool). Charlie took 2 wickets in his second over, so giving Beckenham a poor platform. Nos. 3 and 4 staged a small recovery but with Iain Cranston, our only Fresher making his début, taking 3 for 17 and Charlie progressing to 5 for 27, Beckenham were dismissed for 106. An excellent fielding display with 7 catches held, and none dropped made a large contribution to this!

After tea, Guy's lost Powell and Williams early before Gregson (22) and Cranston came together for a pleasant partnership of 30. The skipper then joined Cranston for another 30 partnership which took the score to 74 for 4. Cranston was then on 31 and whilst Chris King rapidly hit 26 to win the match, he added just 2 more runs to complete a very promising start.

Cerberus

25th April v. Rowan
Won by 8 wickets

Rowan batted first and progressed steadily against a Guy's attack which was consistent, if not exactly penetrating. Eventually, Rowan were dismissed for 114, in time for tea.

The old partnership of John North and Ian Leonard opened the innings, the former glories were not relived as the latter soon threw his wicket away. Simon Gregson rapidly followed back to the pavilion. John, who scored an undefeated 37, was then joined by Charlie Tunnadine. An unbroken partnership of 99 saw Guy's home for a comfortable victory with Charlie's 65 n.o. (including 13 boundaries).

28th April v. KCH
Cancelled

Guy's 1st XI unfortunately unable to find eleven people who were ready and willing, whether able or not.

1st May v. Templesheen Eccentrics
Match drawn

After a couple of early successes for the Guy's bowlers the Templesheen middle order had the basis for a reasonable score. King, with 3 wickets was easily the most successful bowler as our opposition progressed to 134 for 6 before declaring.

The Guy's reply provided several notable performances. John North's 51 was the backbone of the whole innings, and Pete Jolliffe's valuable 30 was the only other major contribution. Chris King's effort was a stunning golden duck, and both Tim Bryant and A. N. Other suffered the same fate.

The last few overs provided many anxious moments, but with a confident Mike Bellew batting with uncharacteristic restraint, a draw was earned with a whole wicket to spare. Guy's final total was 109 for 9.

5th May v. Streatham Police
Won by 76 runs

On a wet, overcast day a few cricketers, several others, and ONE WOMAN, under *the collective name* of Guy's 1st XI, *roundly* defeated Streatham Police.

Batting was not easy on the slow wicket, and Guy's main partnership was one of 53 between Vic Zbrzezniak and Iain Cranston, who went on to score an excellent 69. Hail and rain drove everyone from the field and led to a declaration at 135 for 6. This frustrated Elaine Dare's batting ambitions as she was due in at No. 9.

Iain Cranton opened the bowling and continued a successful day. Movement in the air and off the pitch proved too good for a Police team lacking the correct technique, application, and numbers. Figures of 6 for 15 were hard earned, but flattering.

At the other end our Resident Geriatric and Leader overbowled himself in a variety of styles. Although unable to decide whether to bowl like Alec Bedser or Jim Laker (yes, he is that old), he took two wickets, one with an especially atrocious delivery. Unfortunately the one ball which turned to beat the batsman, so completely amazed our keeper that an early stumping chance went begging.

Nevertheless the opposition were dismissed for a mere 59 runs to produce our 3rd win of the season.

8th May v. Carnegie
Lost by 154 runs

Carnegie batted first and never looked in serious trouble. With the Guy's team including only 2 recognised bowlers and the opposition having many hard-hitting Caribbean batsmen, a large score looked inevitable. Charlie toiled for 4 wickets, Simon Gregson took his first wicket for Guy's, Dominic Cox fielded excellently at long off, and Ian Leonard naturally stumped someone. However, despite this, 195–8 was the score at tea.

With such an ungenerous declaration Guy's were left with the implausible task of scoring 196 in an hour, in 20 overs. Only two players, Leonard who batted for 59 minutes and Chris King, who kept him company for 41 of those, managed any real resistance. Eventually the whole team were out for a miserable 41.

9th May v. Bart's in U.H. Cup
Lost by 7 wickets

Guy's won the toss and elected to bat on a sunny if cold day at H.O.P. Vic Zbrzezniak went without a run on the board, to be replaced by Pete Jolliffe, who along with John North put on 21 runs. This partnership gave temporary stability to the innings, but it was soon lost as the Guy's middle order fell apart. Chris King was given out l.b.w. for 0 under unfortunate circumstances, and the next 3 batsmen accumulated only 11 runs.

At 42 for 7, the situation was bad, although not hopeless. Alex Williams then *scored at a run a minute* for 9 minutes before being bowled, and so at 53 for 8, Dave McGuckin came in to join Ian Leonard. These two put on a valuable if slow 37 in an hour and 20 minutes, before McGuckin was *bowled for 8.* Nick Cowland batting at number 11, lasted only 2 deliveries and so Ian was left on 28 n.o.

With only 90 runs to defend, Guy's had no tactical option except that of total attack. Leonard took a sharp chance off King with the score on 12, and only 2 runs later Iain Cranston bowled a double-wicket maiden. The first chance was grasped cheerfully by our Leader and the second catch was a magnificent diving effort from John Rees. At 14 for 3, runs were not coming easily, especially with Charles Selmon very effectively patrolling the covers, and anything seemed possible.

Unfortunately the miraculous recovery stopped here. With one batsman surviving 3 very difficult half chances, and the other always gaining in confidence, an unbroken partnership of 77 saw Bart's safely into the next round.

Ape

BOAT CLUB

University of London
Head of the River Race

Only 18 crews entered the UL Head this year, 2 being ladies' crews and 9 being of novice status. The 1st VIII had won the Senior C pennant in this race a year ago and had been hoping for similar success this year, although perhaps they were somewhat overrated at Senior B. However, a poor build up had left the crew in less than optimistic mood. The withdrawal of Borough Road I left a gap in the starting order, and left our crew with little to chase. Lacking a little in confidence, Guy's I were sluggish off the start and lost ground to the only crew ahead of them, U.C.H.–I. Despite picking up later in the race, we were passed by London I and Barts I, the latter being the eventual runners up to St. Mary's I. Our 1st VIII was placed 5th overall, in a time of 20 mins 17 secs.

Guy's II, rowing at novice, had no reputation to live up to but soon created one for themselves. Again somewhat slow off the start, the crew really came to life at Hammersmith Bridge and steamed past London II at Chiswick Eyot unable to gain any ground on U.C.H.–II or St. Mary's II, the novices finished a very creditable 3rd in their division, 10th overall in a time of 21.52. Much credit must go to cox, Colin Dayan, for steering such a superb course, keeping in the stream all the way.

Crews: 1st VIII Bow, D. Cumber; 2. A. Williams; 3. C. Newson; 4. A. James; 5. S. Smith; 6. A. Cameron; 7. S. Shaheen; Stroke A. Cruse; Cox M. Scadeng.

2nd VIII. Bow, L. Bank; 2. M. Ferrari; 3. M. Fleminger; 4. P. Cousins; 5. M. Rough; 6. P. Mayes; 7. S. Ward; Stroke J. Norris; Cox C. Dayan.

Kingston Head of the River Race

This race was held on the 13th March, only two weeks after the UL head, but the 1st VIII were forced to field four substitutes due to various illnesses and indispositions. Adrian James, the newly-elected captain was the latest casualty, succumbing with suspected glandular fever less than 24 hours before the race. So Phil Mayes and Simon Ward were promoted from the 2nd VIII and Jan Fleming and Mark Gaffney dusted off their rowing vests to rejoin the 1st VIII.

Guy's I were to start 35th in the record entry of 108 eights, and began well. Striking a quick 15 strokes and then striding out. The first half or the $4\frac{1}{4}$ mile course passed smoothly and we gained rapidly on the crew in front. However, lack of fitness, and the crew's inexperience, together began to tell and the power went from the catches. The last stretch from Kingston Rowing club to the $\frac{1}{2}$ mile tree was a lung-burster, no-one being quite sure where the finish was. But, eventually the race did end, Guy's I clocking an unofficial time of 16.57. The final result is unknown at the time of writing, but with all times being about 4 mins faster than last year, due to a very strong stream, Guy's I finished about halfway down the order – a disappointing result considering the promise of last term, but understable in the circumstances.

Guy's II were also seriously weakened by the illnesses in the club, losing two of their most experienced oarsmen to the 1st VIII. Romesh Rasanayagam and Will Collinson substituted, with Paul Cousins reverting to Bow side. Very much a scratch crew, they held up well during the race, and despite some problems with seats, Guy's II turned in a time only $1\frac{1}{2}$ minutes slower than the 1st crew. There is much promise in the novice eight, and next year should see them established as one of the best UL second crews.

Finally, let's hear it for the Physios (and others) who came to support. It takes some of the pain out of your legs when there's a familiar voice to cheer you on. Thanks a lot folks!

1st VIII: Bow, P. Mayes; 2. S. Ward; 3. J. Fleming; 4. M. Gaffney; 5. S. Smith; 6. A. Cameron; 7. D. Cumber; 8. A. Cruse; cox M. Scadeng.

2nd VIII: Bow, L. Banks; 2. R. Rasanayagam; 3. P. Cousins; 4. M. Ferrari; 5. M. Rough; 6. W. Cellinson; 7. M. Fleminger; Str. J. Norris; cox C. Dayan.

Simon Ward

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PASS LISTS

UNIVERSITY OF LONDON

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Ms B. S. Crawford

Ph.D.

Ms S. P. Dawling (Antidepressant Drugs)
D. M. Kemeny (Immunology)

Ms A. Harris (Human Genetics)
A. Watts (Dental Surgeon)

Doctor of Medicine (M.D.)

R. J. Wainwright

M.Phil. (Medicine)

I. A/K Taha (Pharmacology)

UNIVERSITY OF LONDON, FACULTY OF SCIENCE

M.Sc. (Human Communication)

Ms H. M. Campbell
Ms J. C. Chambers
Ms D. M. Duncan
Ms S. E. Franklin
Ms S. J. Gifford
Ms H. M Hill
Ms M. Kersner
Ms J. R. Moriarty
Ms A. Symons
H. C. Watson

Doctor of Science (D.Sc.)

Ms M. J. Seller

Ph.D. (Science)

R. J. Edwards (Biochemistry)
A. S. Sahotta (Biochemistry)

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Diploma of Licentiate in Dental Surgery

R. A. Baker
T. W. Biddle
D. S. Brampton
G. M. Burr
S. C. Burrows
D. S. T. Carr
G. J. Clement
M. I. Cotgreave
Ms M. A. C. Foxton
Ms S. L. Green
G. Habberfield-Bateman
S. Jagsi
E. A. Jenkins
N. J. B. Lodge
M. N. Lowey
C. Marshall
N. S. Mudhar
D. R. Radford
Ms P. A. Stephenson
Ms L. J. Winchester
J. P. Wise

DIETETIC DEPARTMENT STUDENTS ACCEPTED FOR PRACTICAL TRAINING 1982–1983

University of London Postgraduate Diploma in Dietetics

Miss Jane Yiu, B.Sc., London (Nutrition)
Miss Carol Ledwards, B.Sc., London (Nutrition)

University of Surrey B.Sc. (Hons. in Nutrition)

Miss Susan Collett
Mrs. Francis Atkins

Leeds Polytechnic B.Sc. (Hons. in Dietetics)

Miss Susan Lawson

Queen Margaret College, Edinburgh, B.Sc. (Hons. in Dietetics)

Miss Carol Kerr

Leeds Polytechnic—Postgraduate Diploma in Dietetics

Miss Jane Dohrn, B.Sc., London (Nutrition)

Queens College, Glasgow—Postgraduate Diploma in Dietetics

Miss Helen Richardson, B.Sc., York (Biology)
Miss Pauline Myles, B.Sc., Edinburgh (Biology)

Dublin Institute of Technology—Diploma in Dietetics

Miss Mary Kelly
Miss Carolyn Curtin

BRITISH DENTAL HYGIENISTS' ASSOCIATION

TUTOR'S PRIZE

Mrs Marilyn Kuttner   Miss Kathryn Ford

HU FRIEDY SCALING PRIZE

Mrs. Zahra Hassan   Miss Elaine Hendry

ORAL B PRIZE

Miss Shirley White   Miss Jennifer Smith

DENTAL HOUSE SURGEON APPOINTMENTS

The following recommendations have been made to the Clinical Superintendent for appointment of Dental House Surgeons for the period from 1st February 1982 to 31st July 1982.

General Duties and Mr. Bret Day
(Resident) Miss C. E. Berry
General Duties and Mr. Gibb
(Resident) P. D. Cheshire
General Duties and Mr. O'Driscoll
(Resident) Miss H. A. Beckett
General Duties and Mr. Haskell
Miss M. A. C. Foxton
General Duties & Periodontology & Preventive Dentistry
M. J. Gealer
General Duties & Oral Immunology & Microbiology
Miss H. M Giel
Orthodontics & Dentistry for Children
Miss K. E. Harley, J. J. W. Breckon
Conservative Dental Surgery
E. A. Jenkins
Prosthetic Dentistry
D. R. Radford, Miss A. Mehta
General Duties & Conservative Dental Surgery & Oral Surgery
J. P. Wise, T. W. Biddle, M. N. Lowey
General Duties & Oral Medicine & Pathology
L. Burson

GUY'S SCHOOL FOR DENTAL SURGERY ASSISTANTS CERTIFICATE OF PROFICIENCY AWARDS 1981

Miss Lynn Bates
Miss Jane Beill
Miss Caroline Burn*
Miss Lynn Castle
Miss Kim Copithorne
Miss Nicola Cowan*
Miss Amanda Ensor
Miss Hazel Golds
Miss Corrine Griffey
Miss Erica Leslie
Miss Katherine Meikle
Miss Jill Mower
Miss Vanda Murray
Miss Margaret Nye
Miss Sarah Parry
Miss Julia Taylor
Miss Jennifer Timms

*** with distinction**

DE TREY PROJECT PRIZE

Miss Jill Mower

Senior Qualified DSAs choice of

THE BEST ALL ROUNDER

Miss Lynn Bates

ASH GOLD AWARD FOR 1981

Miss Caroline Burn

ENGAGEMENT

JOLLIFFE–SWEENY—The engagement is announced between Mr. P. H. G. Jolliffe and Miss J. A. Sweeny.

BIRTHS

WAKEHAM—To John and Gretal, a daughter, born at Guy's on 4th April, 1982.

BROWN—To Neville and Karen, a daughter, Rebecca Charlotte, born 26th February, 1982.

BRAYSHAW—On April 29th at Wythenshawe Maternity Hospital, Manchester to Christine (née Smith) and Roger a son, James Edward.

CHANGE OF ADDRESS

MYERS—Dr. Stephen and Hilary (née Thompson), now moved from RAF Scampton to 9 Cherry Tree Way, Stanmore, Middx. Tel: 01-954 8504.

MOLL—Edward and Rhona, have moved to 97 Tufton Road, Rainham, Gillingham, Kent ME8 7LQ. Tel: 0634 30901.

PERSONAL

RETIRING at 69 on 28th May 1982. Equipment for sale, especially ideal for children's dentistry, £500 or offer. Collect. Russell, Lynch Acres, East End, Green, Brightlingsea. 2743.

FOR SALE in Channel islands, long estsblished private dental practice, essentially conservative. Ideally situated, spacious and congenial working premises. Full introduction given. Guy's dentist must reduce workload. Apply: Advocate P. Ferbrache, of Ozanne, Van Levven and Perrot, 1 Le Marchant Street, St. Peter Port, Guernsey, C.I.

COMPANION HOUSEKEEPER wanted for elderly lady, doctor's family, Dulwich S.E. London. Comfortable home, own room, modern flat, communal gardens, pleasant neighbourhood, public transport nearby. Assistant nurse and domestic help employed. Generous off-duty. Non smoker. Suit early retired nurse. Write: Mrs. Mann, 122 College Road, London S.E.19. Tel: 670 6473.

CANADIAN white cotton nurse's uniforms. Size 12. In good condition plus caps, £30 the lot. Tel: Hoddesdon (Herts) 64765. Can deliver.

Guy's Hospital Gazette

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PHYSIOTHERAPY CORRESPONDENT	RONALD COOPER
MANAGER	PAT POULTER

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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26 JUNE 1982 VOLUME 96 NUMBER 2323

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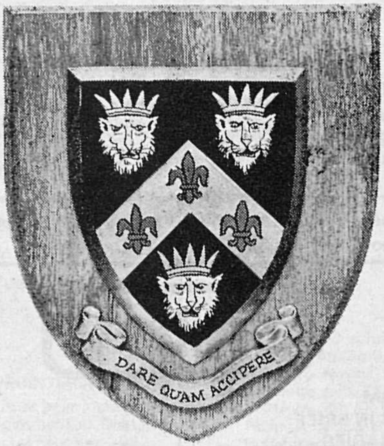
Guy's Hospital Gazette



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Passim

Dare Quam Accipere

The summer quarter is now drawing to a close, releasing the victims of the most recent examination sessions to a well earned rest and, in the majority of cases, to reap the benefits of the previous months' labours. To many, this summer represents a landmark in the course of study: the preclinical student to the clinic, the clinical student to the culmination of five years study – final qualification house job and practice: the pimple-faced freshmen of yesteryear now converted by some incredible metamorphosis into the competent clinicians of today. And of those now familiar faces soon to qualify, what of the future, having left Guy's?

The practical aspect is apparent, the philosophical and qualitative side less so. The School is more than a mere conveyor belt, a production line to the degree, and its individuality has marked many professional careers. The Guy's man is a distinctive character, bearing the hallmark of a centuries old tradition of responsible care, as many of the older generations of graduates may well appreciate. It is a sad indictment of the modern course that something of this sense of history has been lost on the more recently qualified.

In our present highly fragmented, somewhat impersonal society, it would seem to be to the loss of these latter, that, in a willingness to leave the Hospital borne of a long and intense course, they should lose the sense of identity common to many Guy's men. The Hospital represents a worldwide fellowship, of benefit both socially and professionally: a number of Guy's societies exist to fulfill this purpose, and, indeed, it is one function of the *Gazette*.

It is to be hoped that our new graduates will appreciate the significance of their *alma mater* and not be blinded solely by the newly awarded licence to practice, in order that they may continue to carry forth the tradition of Guy's in its finest form. May we wish them well in their future careers.

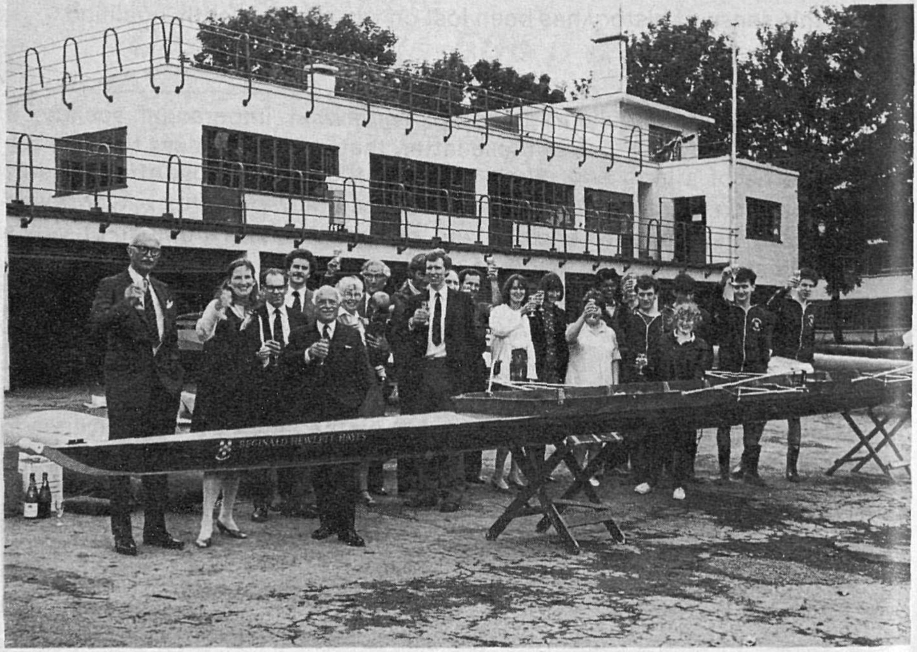
News in Brief

Birthday Honours List

Our congratulations to Major General T. S. Hart (late R.A.M.C., former D.M.S. H.Q. U.K.L.F.) on being appointed a Companion of the Order of the Bath, and K.M.N. Palmer, Commander of the Essex Division of the St. John Ambulance Brigade, on being honoured with the O.B.E.

The Reginald Hewlett Hayes

On Friday, May 21st, the Boat Club's new restricted IV, christened *Reginald Hewlett Hayes*, was launched at Chiswick. The ceremony was attended by the Dean, Dr J. C. Houston, Mr Reginald Hayes and Mr Donald Bompas, in the company of members of the Boat Club.

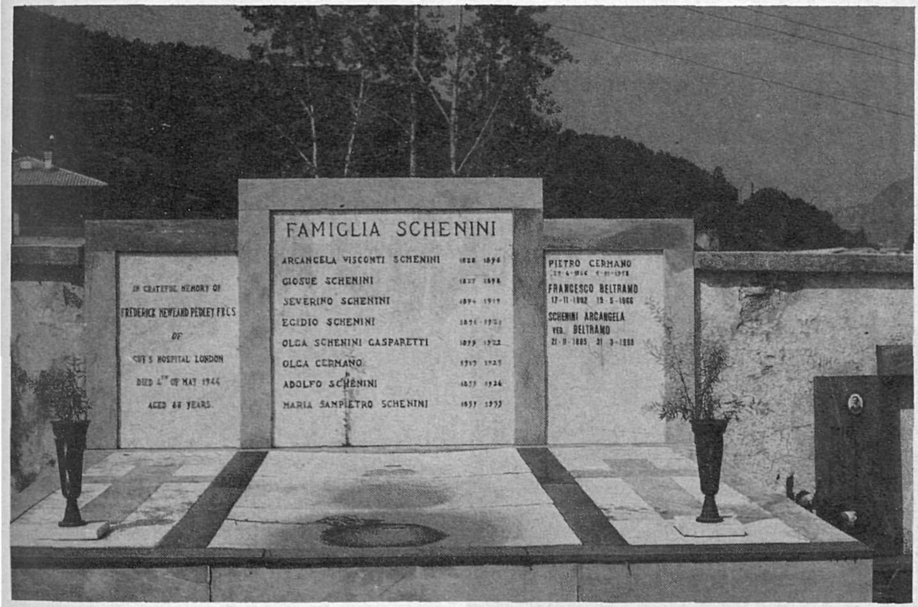


Frederick Newland Pedley

Frederick Newland Pedley, founder of the Dental School, died in Italy in 1944 during the second World War. He had gone there in retirement some years before and made his home with the Schenini family, who had a small hotel at Grandola above Lake Como.

When Italy came into the War, he should have been interned as an enemy alien, but the Schenini family, together with the village priest and the Mayor, stood surety for him and he remained a guest of the family in a villa in Acquasceria, to which they had moved from Grandola on their retirement from their hotel.

He was buried in the cemetery of the Church of Santa Maria Rezzonico, an adjoining village, in the Schenini family tomb overlooking Lake Como, the inscription reading *"In grateful memory of Frederick Newland Pedley, F.R.C.S. of Guy's Hospital, London, died 4th May 1944 aged 88 years."*


IN GRATEFUL MEMORY OF
FREDERICK NEWLAND PEDLEY FRCS
OF
GUY'S HOSPITAL LONDON
DIED 4TH OF MAY 1944
AGED 88 YEARS.
FAMIGLIA SCHENINI
ARCANGELA VISCONTI SCHENINI
GIOSUE SCHENINI
SEVERINO SCHENINI
EGIDIO SCHENINI
OLGA SCHENINI GASPARETTI
OLGA CERMANO
ADOLFO SCHENINI
MARIA SAMPIETRO SCHENINI
PIETRO CERMANO
FRANCESCO BELTRAMO
SCHENINI ARCANGELA
VED. BELTRAMO

A tablet in the apse of the Church at Acquaseria built through his initiative records (roughly) translated *"This church was built through the generosity of Mr. Frederick Newland Pedley, a guest in Acquaseria of the Beltrano-Schenini family – opened 3.7.1937."* His initiative in the building of the church was to provide employment for villagers during the economic difficulties in Italy during the Abyssinian War.

Nursing Re-union

A re-union has been proposed to celebrate the 25th anniversary of the nursing set whose members trained at Guy's from July 1953–1957.

A venue in London has been suggested and the date fixed for Saturday, October 16th, 1982. All members of the above set are invited to contact Wila Bradbrooke (née Hayhoe), at Swarland, Morpeth, Northumberland; telephone: 067-087-422.

Grant Increases

Guy's students may be pleased to learn of the following increases in the annual grant. The figures given represent the maximum allowance for students in lodgings and halls and will take effect for the 1982/3 session.

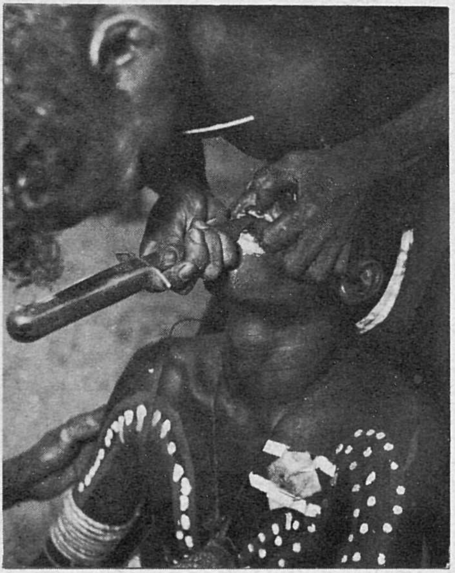
	From	*To*	*Increase*	
Preclinical (33 weeks)	£1,938.40	£2,017.90	£79.50	4.1%
B.Sc. (40 weeks)	£2,203.00	£2,293.00	£90.00	4.1%
Clinical (45-50 weeks)	£2,656.60	£2,764.60	£108.00	4.1%

Clubs' Union Shop

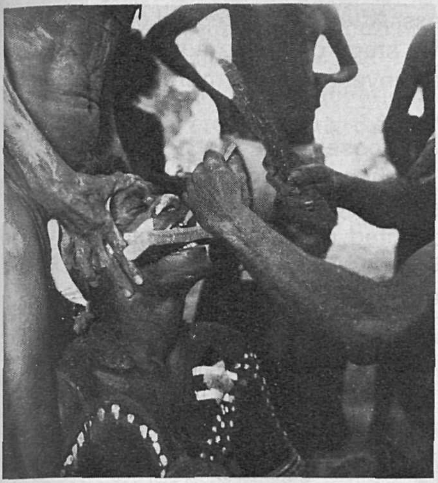
Personal shoppers are invited to come and inspect the all-wool pullovers which have arrived in the Union Shop. They feature the Guy's crest and motto embroidered in full colour. Price £9.95.

Tooth Evulsion Ceremony

The accompanying photographs and explanatory notes were kindly lent by Mr. Axel Poignant, and were taken by him on a trip to Milingimbi, North Eastern Arnhem Land, Australia, in 1952.



A knife is used to loosen the tooth and separate it from the gum. It would be a sign of weakness for the candidate to show any sign of pain

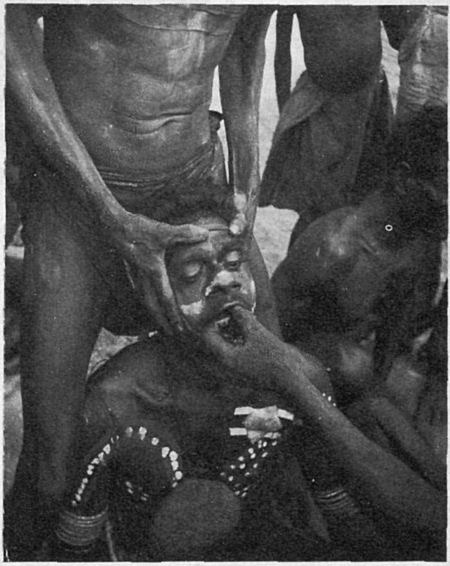


The tooth is knocked with a crude wooden chisel

They show a ritual tooth knocking-out, which forms part of an initiation ceremony. The candidate's body has been painted, and around his neck he wears a fibre "spirit" bag, on which he can bite during moments of stress to give himself courage.

The operation was preceded by dancing and chanting to the music of a didgeridoo and clapping-sticks. After this, the participants gather around, and the operation is performed to a crescendo of chanting.

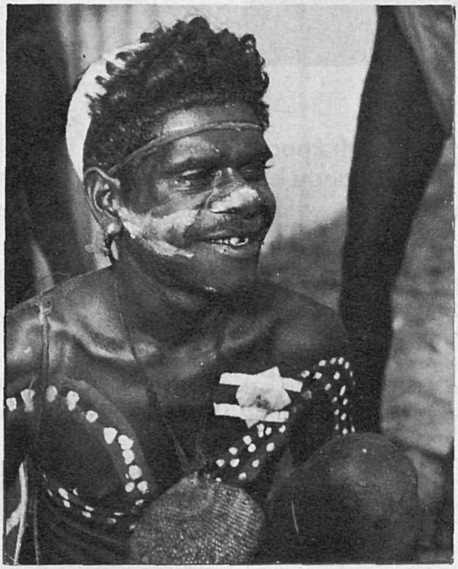
Finally, the tooth is wrenched out by hand



The *young man is expected to show no signs of pain, and his reaction* to the experience is a test of his manliness. After the successful conclusion of the ceremony, the young man is another stage closer to full acceptance by the adult male community, and can be invested with more of the secret knowledge handed down by the elders.

The Operation: A knife is used to loosen the tooth and sever the periodontal ligaments, and then the teeth are separated by a fibre run between them. A bar of wood is placed between the teeth, and another is used as a hammer, the blow being directed onto a small piece of wood placed directly against the incisor. After this loosening of the tooth, and enlargement of the socket, the tooth is extracted with the fingers.

The smile displays the result. None the worse for his experience, the candidate has gained in his relationship with the group.



The operation over; the candidate can smile again – sans *tooth*

* * *

DATES FROM THE MEDICAL DIARY

July

Fri. 9—*SUMMER TERM ENDS*

*Fri. 23—Schedules for the Final Conjoint Examination in September must be left in the Medical School Office not later than this date.

DATES FROM THE DENTAL DIARY

July

Mon. 5—Applications for the Final L.D.S. Examination, Part II (Dental Prosthetics) (obtainable from the Medical School Office) must be left in the Medical School Office not later than this date.

Fri. 9—*SUMMER TERM ENDS*

Tues. 13—Applications for the Final L.D.S. Examination, Parts I and III (obtainable from the Medical School Office) must be left in the Medical School Office not later than this date.

The Stephen Duckworth Appeal Fund

We are delighted to announce that the Stephen Duckworth Fund now stands at approximately £7,500.

In addition to the donations received from the contributions listed below, the *Gazette* printers, B.O.S.P. Ltd., have kindly donated a typewriter for Stephen's use.

We should like to express our sincere appreciation to all those who have benefited this cause.

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Obituary

W. S. McCONNELL, M.B., B.S., F.F.A.R.C.S., D.A.

William Samuel McConnell, known throughout the Hospital as "Mac", died recently at his home in Putney in his seventy-eighth year after a long period of ill health.

"Mac" came from a medical family, his father practising in Clapham. He attended Emmanuel School before entering Guy's Hospital Medical School in 1922. He qualified M.R.C.S., L.R.C.P. in 1927 and graduated M.B., B.S. in 1929. During these two years, he was successively Clinical Assistant, A.H.S., O.P.O. and finally H.S. to Mr. Fagge and Mr. Davies Colley. He was one of the original recipients of the D.A. in 1935 and the F.F.A.R.C.S. in 1948. In 1934, he was appointed Honorary Assistant Anaesthetist to Guy's Hospital and for a short time to the Royal Dental Hospital. He retired from the Staff in 1969 and was elected Consultant Anaesthetist Emeritus to the Hospital.

In 1941, he joined the R.A.M.C. and was posted to India where he became Advisor in Anaesthetics, first to Western and later Southern Command in Secunderabad. The courses he ran for grading and recognising specialists in anaesthetics made a very significant impact on the standard of anaesthetic practice in the Army.

In the early thirties, McConnell joined R. R. Macintosh (another old Guy's man) and Bernard Johnson to form the "Mayfair Gas Company". This famous partnership, which practised from 9A Upper Brook Street, the house of Sir Robert Macintosh, rapidly became recognised as an organisation which provided a most sophisticated and efficient anaesthetic service, particularly for the ambulant dental patient.

It was this latter branch of anaesthesia which became McConnell's primary concern. In the days when drugs available to the anaesthetist were strictly limited, he was probably the most skilful exponent of his time in this very difficult art. His handling of children was particularly superb and the teaching film he made demonstrating his technique is a model which still has a great deal to offer to every anaesthetist. He was a perfectionist who taught by example and the genuine sympathy he felt for his patients made him one of the most respected and admired members of his specialty. His partnership with Mr. Grant Massie throughout the post-war years was an example of team work in surgery which can have few equals. It is fitting that hanging on the wall of the Superintendent's private office is the framed operating list of the first operation performed in the theatres of New Guy's House in 1961. The surgeon was Mr. Massie and the anaesthetist Dr. McConnell. He was a member of the Council of the Anaesthetic Section of the Royal Society of Medicine on three separate occasions, Honorary Secretary from 1962–1964 and President for the session 1969–1970. He went to the Johns Hopkins Hospital, Baltimore, on the Guy's Hospital Exchange Scheme and was appointed Honorary Visiting Anaesthetist to that hospital.

"Mac" was a retiring, diffident person, but the possessor of a delightful, gentle sense of humour. He shunned the limelight and was essentially a clinical anaesthetist. He was a gifted teacher and much in demand as a lecturer on his chosen subject. Safety was always his primary concern and the many undergraduates and postgraduates who passed through his hands had good reason to be grateful to him.

One of his old friends and colleagues, on hearing that we were to write his obituary, summed him up by saying; *"You have the great advantage that there is nothing to conceal, as I don't think I have ever met a more honourable man".*

He was devoted to his family and our sympathy goes out to Olive, his wife, and their two sons. His colleagues at Guy's, particularly amongst his dental associates, will treasure the memory of a very splendid gentleman and friend.

D.M.C.
P.J.H.

A. E. R. BUCKLE, F.R.C.S., F.R.C.O.G.

On 2nd June, 1982, after a long, debilitating and frustrating illness, Tony Buckle died in Lewisham Hospital where he had been Consultant Obstetrician and Gynaecologist.

Tony did not tolerate fools gladly and his essential need for an exact diagnosis was not met in his own illness. This was his latest and greatest frustration, as he was not able to achieve for himself that for which he had striven in his patients throughout his professional life.

Perfection was his aim, in his daily demands on colleagues, friends and family. His surgical techniques and skills were unsurpassed and his constant search for new methods admirable.

Tony's relationship with colleagues and staff was at times difficult and he strained the patience of those who wished to help him in their love and admiration of his honesty. He gave himself entirely and devotedly to the understanding and loving care of his patients. His inspired and provocative teaching and writings will be remembered by many. Close friends and family will treasure his forthrightness, his sense of humour, his open ear to criticism, new ideas and his all embracing love for Medicine.

E.C.L.

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are July 16th and August 13th.

Copy may be sent to us at Mary Sheridan House, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers. When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).
Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

Clubs' Union News

"Qu'il fait beau qu'il fait chaud." Summer weather more akin to the Côte d'Azur has been the backdrop of a couple of excellent events run by the Club's Union.

The Jazz Evening organised by the Club's Union, in conjunction with Mike Lavelle was a great success. Preparations for the evening started at 5 in the morning when Heather Jeffries and Sally Vivian, two student physios, went around New Covent Garden Market asking for flowers. They came back with enough to keep six people very busy for over two hours putting the flowers into vases. Our thanks to Heather and Sally and to New Covent Garden stallholders. A full account of the evening appears elsewhere in the *Gazette*. The evening raised about £450 for the Stephen Duckworth Appeal fund.

Saturday, 5th June was Summer Festival Day, 1982. At 9.15, the runners of the marathon were limbering up in the shadow of the tower, contemplating a gruelling run to H.O.P. in truly Mediterranean conditions. The marathon started a day of sport down at H.O.P. which was serenaded by string quartets, marching and jazz bands and the dazzling Plasma Road Show. A full account of The Festival appears elsewhere in the *Gazette*. I would simply wish to record my thanks to Eric and Joyce Dann who worked incredibly hard before during and after the Festival. Special thanks are also due to Sarah Wollaston, who kept the side shows going, as well as keeping an eagle eye on all the proceedings. Juliet Goff deserves a special mention too; she was frantically trying to find violinists and cellists until late Friday night, as half her original quartet, who had agreed to play at the Festival, backed out at the last minute. I think all who went to the Festival will agree that the quartet added that certain *je ne sai quoi* to the whole proceedings. It was worth it Juliet! The contribution that this event will make to the Steve Duckworth Appeal fund will be of the order of £650.

Animal House – the Toga preview

A packed Anatomy Theatre thoroughly enjoyed the film *Animal House* shown on Thursday, 10th June. I am writing this article on the eve of the natural sequel to this classic film – the Toga Party. A full *post mortem* on this last effort of the term to be made by the team will appear in the next *Gazette. (Post mortem* may be the *mot juste – Eds.)*

Including the imminent Toga Party and the French Disco earlier on in the term, the Club's Union team will have masterminded only four social events this term. The team believes in quality, not quantity, and we are confident that Club's Union members have appreciated the calibre of our social calendar.

U.L.U. Medical Group

The Medical Faculty Group had a meeting in Guy's on Tuesday, 1st June. This group comprises many of the Union officers from other colleges. It is a forum for discussion on a diverse number of subjects particularly that of medical education politics. The meeting was convened by George Noble from Guy's, who is Medical Senator. Amongst the topics discussed at the meeting were:

1. *Extra week grant payments for clinical students;* the general feeling is that clinical students get a raw deal from their local authorities, because of the lower rate of grant for weeks subsequent to the normal term time.
2. *The report of the Dental Deans to the University of London.* Briefly this report recommended the closure of The Royal Dental School. The University of London Union wishes to oppose this closure. The Medical Group is discussing what course of action the student senators should take in Senate.
3. *Therapeutics Curriculum* Senate is reviewing teaching of therapeutics in all medical schools. Union General Council wishes to inform itself about the therapeutics courses in all schools, to see whether it is adequate or not.
4. *House Job Allocation Schemes* in the various medical schools.

If anybody has any strong views on these or any other subejct of medicopolitical interest please put them in writing and send them to me.

Finally, a word of thanks to Sarah Wollaston and John Edwards for their hard work in Guy's during the past few weeks. What with Chris Hood heavily occupied and my partial exile in Greenwich, a lot of the work is being done by these two stalwarts.

Lawrence Maule

Dental notes

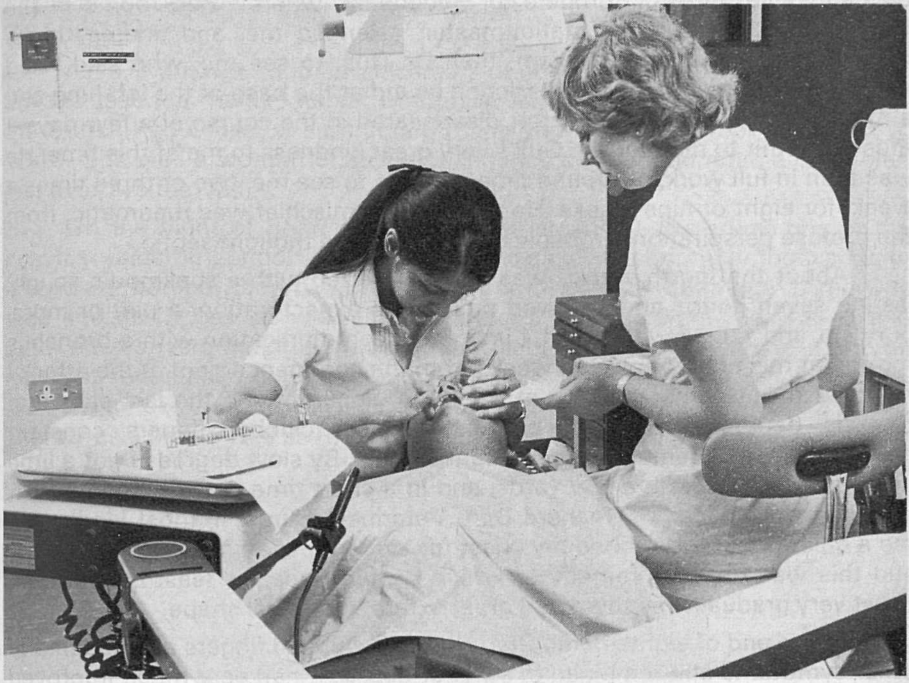
by A. D. Robinson

The term *"four-handed dentistry"* is one which upsets me not a little. I know what is meant and realise that the term is used, but to me it sounds as if there is also something called *"back-handed dentistry"* – silly, I know. Let us call it *"assisted dental operating".* That is what the newly equipped "small clinic" area on Floor 26 is all about. The KaVo 1025 units have gone. The chairs have turned through 90° and one place has been sacrificed to provide ten spacious cubicles with ample room for student and D.S.A. in each. The new units are Siemens Sirona 5 with Siro 4 Spitoons.

On Tuesdays and Fridays, many of the student dental surgery assistants are mustered and dental students who have recently completed the "Intermediate" phantom head course work there under special supervision. Guy's dentists who have memories of the old building should make a point of seeing this area – some may have done so already since, by superhuman effort on the part of the Works Department and the contractors concerned, the installation was just completed for Clinical Day.

News sometimes takes a long time to travel from one floor to another. This is my only excuse for being so late in reporting what will to many be old news. Nevertheless, I must put on record and congratulate Miss Rhona Hickman (Mrs. Palmer) on her M.R.C.Path. I believe she is the first woman dentist to achieve this distinction!

A student and D.S.A. work together in the newly equipped clinic on floor 26 of the Tower.



Young Mr. Blaker's Empyema

by Dr. Philip Evans

Blaker is a well known name in Mid-Sussex. Nathaniel Paine Blaker, M.R.C.S. was Senior Surgeon at the Sussex County Hospital. In about 1900 Dr. (later Sir) Arthur Newsholme asked him to write some reminiscences of former days, and in 1906 they were published privately. In 1919 a revised version, *"Sussex in Bygone Days"*, was published by Combridges of Hove.

Blaker became a pupil at the Sussex County Hospital in 1852 and went up to Guy's in 1855. Here is his account of early experiences.

"I entered Guy's in 1855, and spent my first winter session chiefly in the dissecting-room, attending, however, Dr. Addison's last course, being fascinated by his manner and eloquence. The second winter session I spent in much the same manner, getting to the dissecting-room at 9 a.m. and remaining the greater part of the day, till towards the end, when, after feeling for a few days a little out of health, one day at lecture I noticed a good deal of pain of the right side in breathing. This increased, and the next day I was obliged to lie up. Mr. Corbould, of Sydenham, where I had rooms in the Railway Station with the stationmaster, attended me, and finding things rather serious, asked Sir William, then Dr. Gull, to see me, who said I had effusion into the right pleura., a friction sound at the base of the left lung and a mitral murmur. These two latter disappeared in the course of a few days. I must not omit to mention Dr. Gull's very great kindness to me at this time. He was then in full work, but found time to come to see me, two or three times a week, for eight or nine weeks. He thought the mischief was rheumatic, from the profuse perspiration; probably it would now be thought septic.

About the fourth week I was one day seized with a spasmodic cough, lasting seven hours, and followed by profuse expectoration, a pint or more, purulent and tinged with blood. I imagine a communication with a bronchus formed at this time. About ten weeks from the commencement of the attack I returned to my father's house at Albourne, apparently in the last stages of phthisis, depressed shoulder, contracted chest, clubbed fingers, constant cough, profuse expectoration and night sweats. By slow degrees I got a little better, and could walk a few yards, and in a short time could ride on horseback at a foot pace. Mr. Richard Burt, Veterinary Surgeon, most kindly lent me a quiet pony, and rubbed my chest for a quarter of an hour every evening, and this was the only remedy to which I could trace the least benefit. The chest very gradually resumed to a great extent its natural shape. . . .

At the end of eighteen months, although clubbed fingers and cough and other symptoms still remained in a minor degree, I had very much improved . . . I have given my own case rather at length, because, in these days of tapping the chest, a case of pus in the pleura, left to Nature, is rare. I tried drugs of various kinds but I can not say that I derived the slightest benefit from any, except opium, and to this drug I think I owe my recovery. It quieted my cough and gave me sleep. I took from 30 to 40 minutes of Tincture of Opium every night for five or six months, and then gradually reduced the dose both in quantity and frequency. It produced no ill effects, and I felt no craving for the drug when I left it off."

Well, good for Sir William, not the first doctor to get the diagnosis wrong and yet help the patient. Good for the vet and his laying on of hands. Good for tincture of opium, 20–25 mgm. morphine daily. Above all, good for Blaker who survived to retell the story 50 years later.

Guy's in Wartime

by Peter Williamson

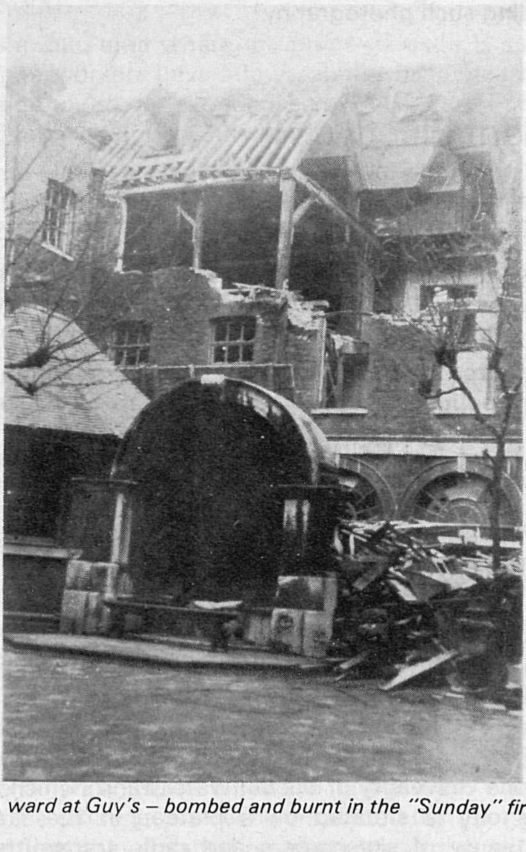
During the war of 1939-1945, Violet King first trained for service in a First-Aid Post in a large steel-works, a target betrayed by the Thames; severe air-raids had already begun.

She then came as a Red Cross/V.A.D. nurse to Guy's Hospital during the

Blitz attacks on London – the heavy air-raids of the last four months of 1940. These blows fell every night except one – the night of the full-moon attack on Coventry.

As a journalist (and broadcaster) of long standing, Violet King had always used her maiden name; eventually she had enlisted for war service in the British Red Cross by subtracting many years from her real age – 58, in 1940. She was a woman of quick intelligence and of indomitable character, just over five feet tall.

On the night of Sunday, 31st December, 1940, there was one of the heaviest raids on London, with both high-explosives and many thousands of incendiary bombs: there was very heavy and extensive damage in the City area and its fringes, as well as other places. On that night Violet King and other nurses were eating a meal at a long table when they heard and felt the indescribable crash and violent shock-wave of a direct hit on Guy's Hospital ... then smoke gushed through the door. "Keep calm, now", called Sister. There was a fire as well as H.E. damage.



A ward at Guy's – bombed and burnt in the "Sunday" fire.

After a period of searching etc., the nurses and others were evacuated by means of Civil Defence vehicles now waiting for them in the main road. The First-Aid Post had closed down.

Nurse King, however, had stayed behind – still searching and alone. She had not realised that the evacuation had been speedily completed and that the vehicles had all left. Eventually she came across a volunteer fireman, a big man, who had injured his ankle and could not walk unaided. Pulling one of his arms, on his injured side, around her shoulders, she managed somehow to lug him along, enabling him to hobble out of the Hospital.

Afterwards she described to me (her son, also in Civil Defence), how the two of them sat, so late at night, on the kerb in the main road – hearing the bells of many fire-engines as they roared past. Eventually she stopped a Civil Defence vehicle, which took them, exhausted, to another First Aid Post.

Later, when she returned to duty, she thought that she had, as a journalist, a duty to photograph the bomb-damage at Guy's and to keep this record for posterity. She felt this to be a duty which overrode all the wartime regulations forbidding such photography!

Dental Student Electives II

by Douglas Miller

This meeting, held on the 19th January in the Tower Lecture Theatre, gave the opportunity for Christine Berry, David Radford, Kathy Harley and David Cheshire to relate their experiences on electives to the Dental Society.

Once again a large audience attended and they were not disappointed. Professor Rowe introduced the evening and began by welcoming Mr. and Mrs. Schwartz, Mrs. Davidson and her daughter. Mr. Schwartz and the late Mr. Davidson were senior partners in the firm responsible for designing Guy's Tower.

When Mr. Davidson passed away, money was generously donated to fund an elective in his memory. Emma Rogers helped to organise this elective and it was David Radford who benefited from the award.

Initially, Christine Berry described her elective to South Africa. This entailed a twenty thousand mile round trip. She used her elective to "extend her general knowledge".

South Africa is a politically isolated country four times the size of Britain, but with half the population. Chris spent four and a half weeks in Johannesburg, at the University of the Witwatersrand (which means ridge of white water). The city is situated on a plateau in the Transvaal and is characterised by plenty of skyscrapers and radio transmitter towers. The Soweto is the black township – a very extensive shanty town. The first year of the dental course is similar to the 1st B.D.S. year, but in South Africa's male-orientated society, of the annual intake of 50 students only 5 are female. All patients have routine full-mouth radiographs (the radiographers are elbow-deep in developing solution). Christine noted that the periodontology and oral medicine departments were very highly motivated (the enthusiasm in them was second only to Dr. Frank Ashley's!).

There is a quota system of points for students for work done. Especially interesting was the cavity design for amalgams, which Chris pointed out were not undercut. The Dental School teaches that wall irregularities are sufficient for retention. It appears that few students anywhere in the world can escape the rigours of the primary treatment unit – in South Africa, students have a stint of extractions in their P.T.U. equivalent and refer to their ordeal as *"Schleps"*.

Christine visited the Kruger National Park, where in winter the temperature drops to 0°C at night from 26°C. Being the conscientious dental student that we expect at Guy's, she found time to give a dental check-up to hippopotami in a pool. Christine also went to a gold mine – the gold is mined at a level of 1,600 feet below ground: while at the mine she saw an ingot valued at £250,000.

Durban is a Zulu area where the prime industry is sugar cane farming. Interestingly, cane workers have a lower caries incidence than do children in the area. Christine found her experience very beneficial and hoped that more students would take the opportunity of going.

The George Davidson elective award was primarily intended for travel to Sweden, but David Radford wished to travel to Bergen in Norway (a mere 700 miles across the North Sea) and this is where he went. Bergen is the gateway to the fiords. It is the second largest city in Norway with a population of 200,000. David chose an appropriate time to visit Norway; his arrival coincided with the Norwegian National Day. He was able to watch parades and sample "aquavit", a drink distilled from potatoes and barley, which he used to wash down reindeer sausage. The custom on this day is to drink a toast to King Olaf and some students were so liberal with the aquavit that they fell flat on their faces!

David spent four weeks in Norway, one was set aside for touring and the other three were spent at the Dental School. There are 200 students at the dental school and, like Guy's, it is equipped very well. Dentistry is a five year course in Norway. On his first day, David was met by his host, Professor Malven and shown around. During his three week stay he attended his own choice of departments.

In the field of advanced restorative and preventive dentistry, Scandinavian ideas are innovative, thus David was wise to choose such a centre for his elective. The emphasis in teaching here was on oral hygiene: once a patient could maintain a high standard of oral cleanliness, the restoration work would commence. Quite extensive bridgework was done at Bergen, giving a new lease of life to previously mutilated dentitions. The students did not do lab work, but they finished restoration margins with the aid of a x10 microscope at the chairside giving superb results. Restoration margins were supragingival in every case. Surprisingly, to avoid porcelain fracture, bridges were made of gold and acrylic, though the acrylic tended to wear in the

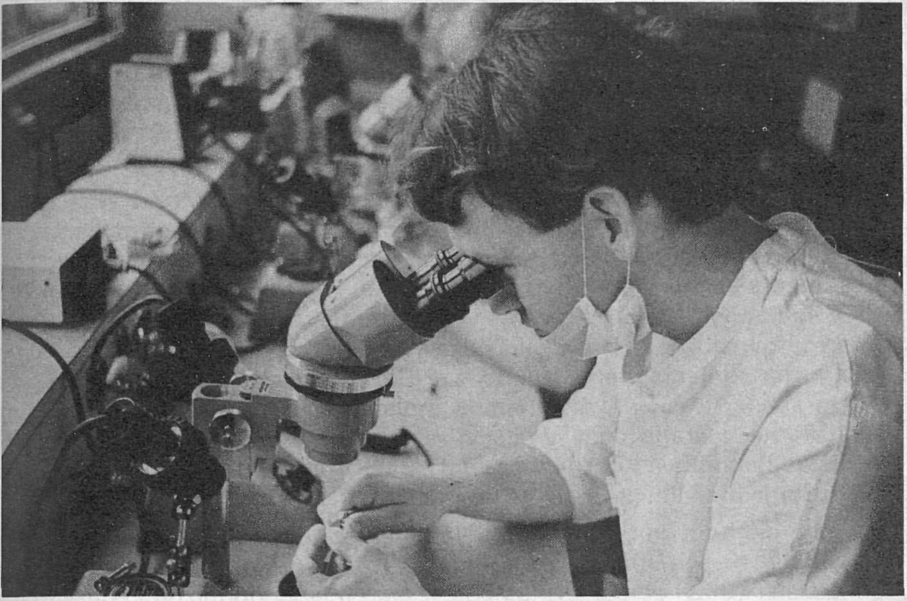
A street player in a Bergen square

mouth. Above all, David's elective enforced the point that there are many ways to practise good dentistry.

David did not place sole emphasis on dentistry; during his talk, he gave the audience the impression that Norway is a beautiful country, very rich in culture. He visited art museums with particularly good collections of works by Picasso, Nicholas Desti, and Edward Munch. To illustrate the variety of sights to be found in Norway, Dave showed a two minute sequence of slides depicting the flora, mountain scenes, sculptures and fiords of this much under-rated country. His slide show was accompanied by music from Edward Greig's *Peer Gynt Suite.* David thanked Emma Rogers and the members of the Schwartz and Davidson families for making his elective trip possible.

Kathy Harley visited America with the help of an Alfred Rycroft scholarship. Rather than visit one dental school she decided to see several different kinds. Of the 59 schools in the United States, 15 are privately run, 35 are state run and 9 are organised on a partly state and partly private basis. Kathy saw one of each of the types mentioned. The fees paid by students are purely for tuition (equipment and living expenses are extra). An average fee for tuition is £5,000 per annum, but students in Missouri pay nothing for tuition whereas those in Colorado pay £10,000 per annum. Thus the financial burden can be quite considerable and loans are usually not paid back fully until a graduate has been practising for a few years.

The largest dental school, in New York, has 212 students. Harvard has only 20 students and is 80 students short of the national average. All



Finishing restoration margins with the aid of a microscope (in Bergen)

students are at least 22 when they begin the dental course because they have to either major in a biology related subject initially, or do a two year course integrating B.M.S. studies with phantom head techniques.

Kathy first mentioned San Antonio State Dental School, which because it is situated in Texas, tries to be bigger and better than everywhere else. Literally millions have been spent on it and, not surprisingly, the equipment is superb. Many of the students are married and the working spouse in the partnership pays the dental school fees. Of the students who are not married, most have worked for a number of years to acquire enough money to finance their studies. Each student has his or her own unit and will see all types of patients there. The students even have reserved seats in the lecture theatre.

After visiting San Antonio, Kathy went to Chicago Dental School which is one of three North-Western schools. This was a modern, privately run establishment with traditional overtones (it was the home of G. V. Black). In contrast to the typical student at San Antonio, most of the students at Chicago are single and have wealthy parents. Kathy spent some time with a specialist at the Dental School who would deal with anything from the re-cementation of inlays to basal cell carcinomata. Once a carcinoma had been excised, the hole produced would be masked with cleverly disguised prostheses involving plastic skin, false eyes and even wigs.

Kathy had an accommodation problem whilst in America, where a student had not vacated a room intended for her use, and she strongly recommended getting contacts with Guy's people abroad, if at all possible, to prevent future mix-ups occurring. Kathy thanked her parents for sponsoring her elective, and,though it was not cheap, she found it very worthwhile.

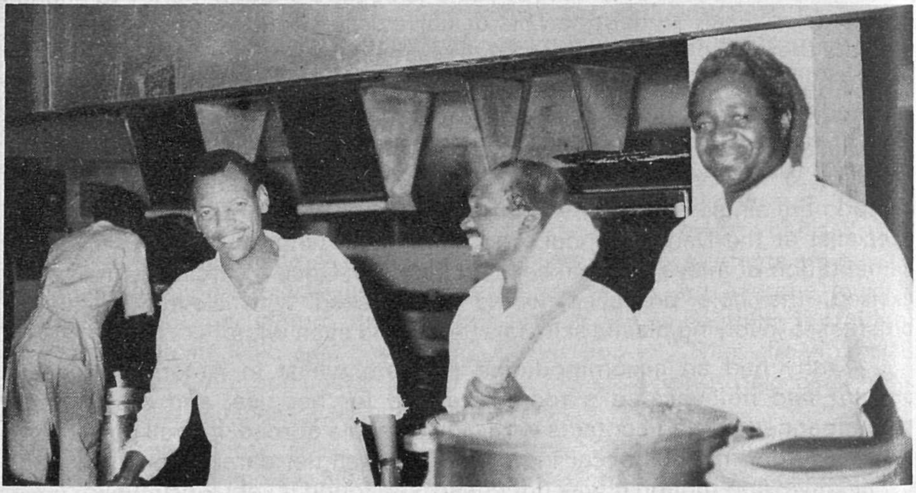
Dave Cheshire was also given money from the Alfred Rycroft Memorial Fund. He had arranged a trip to America, but it unfortunately fell through. So, not knowing where to go, he approached Dr. Ashley who told him to *"Go Primitive"* in a thick Lancastrian accent. Dave wondered if there was a place more primitive than Lancashire, but Professor Rowe suggested Kenya and so the problem of where to go was solved.

Armed with his cheque from the memorial fund, David was sorely tempted to sample the delights of Soho for a month but his better sense prevailed(?) and he landed at Nairobi airport full of expectation, only to find that the students at the University were on strike. The Dean of the dental school was a suntanned ex-Guy's person, who, from the slide David showed of her, looked remarkably like a Masai Tribeswoman. Luckily, the week that David arrived, the students went back to work. The students have a points quota system similar to Guy's, but there is a distinct lack of patients to work on because the average daily wage is equal to the cost of one restoration. Advanced restorative work is, therefore, rarely attempted, besides which there is a shortage of technical staff, so permanent Scutan bridges are the vogue.

The dentures in the prosthetic lab are not so much polished as ground and rubbed to something like a shine. Mr. Grabaskey (who was in Kenya during Dave's stay) demonstrated apical seals in endodontic procedure to the students who, Dave said, had up until that time used voodoo style root canal-fillers with such well-known anti-inflammatory agents as missionary's eyeballs.

The equipment was generally modern. The oral surgery theatre was no exception. While he was there, Dave saw some very impressive surgery including hare-lip repairs. One of the patients at the school had suffered with trismus for 40 years. His maxilla and mandible had fused accidentally via the ossification of a blood clot either side of his jaw, during the exfoliation of his deciduous teeth.

The cooks at the School were armed with large batons (presumably they were used to stir the missionary soup). Once, when Dave was outside



the kitchen, he noticed a crowd of people surrounding a man with his hands tied behind his back. The man in the centre of the crowd had been caught stealing. The crowd turned on the defenceless thief, and the violence was eventually stopped by the police. Dave was relieved that order had been restored, but was then told that it was likely the police would mete out exactly the same punishment.

The dental school had adequate accommodation, though the students referred to it as "Soweto". The bathrooms however were small, there was no hot water, and Dave summed them up as being just sufficient to clean one's spears in.

Dave visited a game park whilst in Kenya and saw many species of wildlife including elephants, gibbons and giraffes. He took the opportunity of climbing Mount Kenya too, the climb involved an early start but was exhilarating (if not exhausting).

The Kenyan Government were conducting a study on the effects of malnutrition on the population, part of which involved a dental check-up. Dave took part and examined several people. The assessment chart was based on the World Health Organisation tooth labelling system. A tooth is labelled according to its conservation, periodontal, or orthodontic state by a number for example, in the conservation assessment, if the tooth is all right, decayed, filled, missing, or unerupted, it is referred to as 0, 1, 2, 3, or 4 respectively.

The elective as a whole widened Dave's experience; he enjoyed his week's rest at Mombassa very much. He found Nairobi to be a modern city quite like any other. The pathology to be found whilst out and about in Kenya had made learning Professor Cawson's textbook easy and Dave believes that in four to five years' time, the Nairobi Dental School would be a better organised establishment.

The second set of student elective talks was as well presented as the first (it is often said that as much work goes into preparing these talks as it does in preparing for Finals!). The electives provided an ideal opportunity not only to see dental techniques elsewhere in the world, but also provided the students with a much needed break from curricular activity at Guy's. In all, the trips were very much enjoyed by the students with a sense of fun prevailing throughout.

The meeting was kindly sponsored by S. S. White, Ltd.

Lunchtime Concert

Reviewed by Mark Edwards

The recent concert was a piano recital given by Stephen Gutman, a student at the Royal College of Music. Despite the difficult acoustics in the Chapel, he was able to show us his command of technique and expression in a varied programme spanning the 18th to the 20th centuries.

Firstly he played two sonatas by Scarlatti which demonstrated his awareness of rhythm and syncopation, important in this sort of music which must not be "romanticised". There was a change in mood in the Mozart *"Fantasie"* which followed. A predominantly sombre piece, which requires careful attention to phrasing and dynamics.

Chopin's *Ballade* in F minor was next and here all the necessary feeling was displayed,as well as plenty of fire in the parts which needed it. Finally, we heard two pieces form Ravel's *"Miroirs"*. The first was the impressionistic *"La Vallée des Cloches"* with its sublime harmonies and tone colours. This was followed by *"Alborado del Gracioso"*, a dynamic piece in Spanish style requiring, like all Ravel's paino music, a superb technique.

Our thanks go to Stephen Gutman, especially for bringing slightly more "modern" music to the concert audience. I hope this trend can continue.

Music Club Summer Concert

Reviewed by John Latimer

The Music Society continues to flourish, with renewed enthusiasm both in the orchestra, with Tolga Kasif conducting, and in the choir, under the flamboyant direction of John Edwards.

The evening began with *"Canon"* by Pachelbel, known to the peasants in the audience and the man in Virgin Records as the "Wool Advert. Music". After a slightly shaky start, the kings of the strings produced a very harmonious and enjoyable rendition. When one says "kings", one cannot omit Helen Fidler, who is feeling her way with Stephen Isles as joint leader of the orchestra.

The choir then sang three pieces by Farmer, Morley and Dowland; the singing was of a much higher standard than the last concert, probably due to the ranks being swelled with nurses unassailed,as yet,by the Guy's spirit of apathy. The solos were also very strong.

Stephen Isles and Louise Foster (on the organ) starred in Albinoni's *"Adagio in G minor"*. This allowed Stephen to show off his very fine musicianship, even if he does feel more at home with jazz.

Next came our first borrowed musician, Miss Francesca Smith, playing violin in Vivaldi's *"Winter"* from *"The Seasons"*. Her playing was brillant, and it electrified the audience, who gave her a deafening ovation at the end.

After the interval, Pergolasi's *"Stabat Mater"*. This fairly lengthy piece was brought to life by the superb singing of two borrowed singers: Jane Webster (soprano) and Fiona Whitelaw (alto). Their perfect intonation and power entranced the audience, and the Guy's own choir and orchestra provided a reasonable backing.

Despite one or two weak points, the Guy's players and singers performed marvellously, as did, of course, the professional musicians who were imported. The warmth of the applause at the end was richly deserved, and it was pleasing to notice that the quality of the performance was matched by a larger than average attendance.

The Summer Festival

by **John Edwards**

There is probably only one day in the year when the whole of the Guy's fraternity gets together. From tiny toddlers to 'laid back' lecturers, from nervous nurses to physical physios, from drill-crazy dentists to morose medics – they were all there.

A particularly select sample from this motley crowd assembled at the base of the Tower at 9.30a.m. limbering up to face the most gruelling way of reaching the sports ground – the marathon. As I cycled along behind these hardened fools, whispering encouraging words in their reddening ears, I couldn't help feeling a certain respect for our School Administrators. What other Accounts Department could be so zippy, what other School Secretary, in his regulation shorts, could be so steadfast? Congratulations, though, must go to Ken Hall for winning, and all the others for raising so much money for Steve Duckworth.

Needless to say, the ground at H.O.P. looked rather battle-scarred once the *runners arrived, everywhere bodies were scattered absorbing the* pounding sunshine.

It was definitely the sort of day when about the most strenuous thing one could do was lay back listening to your heart-beat whilst sipping real ale. Nevertheless, the tennis courts soon filled up with the mixed doubles, and the decidedly violent 5-a-side football burst forth, entertaining the crowd with flailing bodies. One of the more epic conflicts took place at noon, when the 1st XV Rugby dared to face the combined Guy's girls. After a match of squeals, wandering hands and tickling, it ended in a draw. For those with any spare energy at all the *"It's a Knockout"* and Tug-of-War soon used it up.

There was the usual selection of pecuniary stalls and side shows for those with bulging wallets, and for those with futures full of intrigue and surprise, Madame Sabrina revealed all.

There was due to be a strong military air to the festival. Unfortunately, the parachute jumping had to be cancelled due to more urgent appointments somewhere south by south east. However, a cadets' marching band added their own unique contribution to the event.

By early evening many people were flagging and were delighted to settle down to twilight jazz with Mike Lavelle and friends, while munching barbecued hamburgers. Events then finished off with the inevitable disco.

For the success of this year's Festival, many grateful thanks are due especially to Mrs. Dann for the food and Mr. Dann for his hard work, not forgetting the numerous other helpers. The considerable amount of money raised all goes to the Steve Duckworth Appeal.

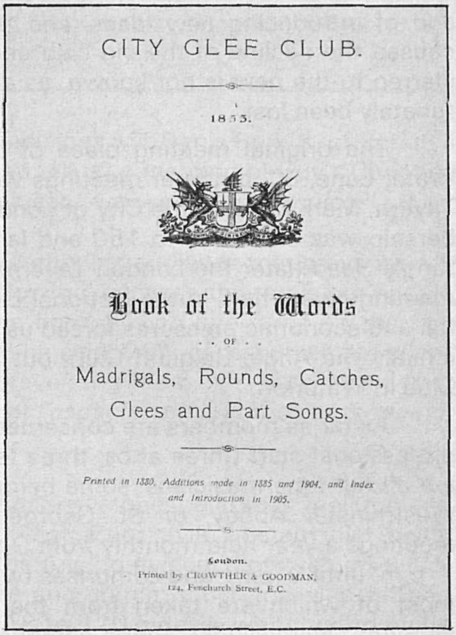
The City Glee Club

by Jon Ayres

The word Glee derives from the Anglo-Saxon word Gligge (Etym. unclear) which in fact means a musical entertainment, but in a much more general way than in the caption's definition. The whole area of Part Songs and the like is confusing because of the apparent overlap and indistinctness of definition between song types such as Glee, Part Song and Madrigal. Basically, the earliest form is the Madrigal, which started in Italy in the early 13th century. As a musical form, it came over to England in the early 16th century, when it enjoyed a relatively short lived vogue as the predominant form of song. The Glee, a very British form of song, enjoyed its heyday from around 1730 to around 1830, when it was superseded by the Part Song. Madrigals are differentiated from Glees by being earlier in date and being contra-puntal rather than harmonic, although this is by no means absolute. Both forms are for unaccompanied male voices, usually for two or three parts, but with only one voice to each part. Although the definition of a Part Song is a song written in parts, the term is usually reserved for the Victorian age Part Song: songs written in parts, but with more than one voice to a

Glee: A choral composition in a number of short self-contained sections, each expressing the mood of some particular passage of the poem set, the music predominantly harmonic rather than contrapuntal. Properly it is for male solo voices and unaccompanied.

(Concise Oxford Dictionary of Music)


CITY GLEE CLUB.

1853.

Book of the Words

. . OF . .

Madrigals, Rounds, Catches,
Glees and Part Songs.

Printed in 1880. Additions made in 1885 and 1904, and Index and Introduction in 1905.

London.
Printed by CROWTHER & GOODMAN,
124, Fenchurch Street, E.C.

part and, occasionally, accompanied. What makes clear definitions difficult is that all these types of song are often sung with more than one voice to a part, so the date becomes the important factor – along with how the composer described the song at the top of the original manuscript.

The English Glee Clubs, of which there are very few extant, along with the Madrigal Clubs such as the English Madrigal Society (founded 1741) and the Catch Clubs such as the Noblemen and Gentlemen's Catch Club (founded 1761), are ancient institutions which still retain in large part the form of the original clubs. Some still have annual song competitions which adhere closely to the musical form associated with their name. The City Glee Club (CGC) was founded in 1853 as a successor to the Civil Club, which had held its first meeting on November 19th 1669. Meetings have been held uninterruptedly throughout the intervening 313 years and we believe the CGC is the oldest surviving musical club in this country. The Civil Club had been formed as an association *"designed for mutual benefit"*, and members were supposed to conduct business deals with each other, a fundamental rule being that there should be only one representative of a trade or profession as a member at any one time. Presumably this chummy, but insular, system of doing business through pleasure became either outmoded or ineffective (or both) by the mid-19th century, when the Civil Club seemed to be heading for dissolution. However, one of the members decided to form a new Club with the combined aim of maintaining some of the old traditions of the Civil Club and of introducing new ideas, and the CGC was thus born. Exactly what caused the decline of the old club and how much of its tradition was transferred to the new is not known, as all records of the Civil Club have unfortunately been lost.

The original meeting place of the CGC was the Old Ship Tavern in Water Lane, EC, but later meetings were moved to the New Corn Exchange Tavern, Mark Lane, in the City of London. However, by 1878, the club membership was expanded to 150 and larger accommodation was taken at the King's Head (later the London Tavern) in Bishopsgate Street. In latter years, meetings were held in the National Liberal Club, but membership started to fall and economic pressures forced us to move to alternative meeting places, initially the Anglo-Belgium Club, but for the last four years the Union Jack Club in Waterloo.

As far as members are concerned, we are solely listeners. There are ten professional staff (three altos, three tenors, three basses and a pianist) who are all full-time musicians, some being choristers at establishments such as Westminster Abbey, or St. George's Chapel, Windsor. There are eight meetings a year held monthly from October to May. Each meeting lasts from 7 p.m. until 9 p.m. and comprises twelve items (including three solo items), most of which are taken from the "Book of The Words" (see picture) although, increasingly, songs composed since the compilation of the book (1905) are being heard – a welcome broadening of outlook, which has increased the pool of songs to some 520 items. Until 1981, the CGC was one of the last bastions of male chauvinism, but ladies have at last been admitted to membership: I should say readmitted, in that in the late 19th century a number of ladies sang at the club. All professional staff are Honorary Members.

I first attended the CGC in 1967, and became a member three years later. Each evening that I attend, I step into a different age, not only musically, but also in mood – a far better tranquilliser than any other I know. Since 1967, I have seen attendances gradually fall and over the last five years or so there has been the very real danger of the CGC having to disband. To me, and to all other members of the CGC, this would be tragedy. Sadly for such an ancient club, it is not widely known as an institution outside the club members themselves.

If each member brought his allowed allotment of two guests to each meeting, there is little doubt that a fair proportion of the guests would become members. From the platform of an increasing membership, the scope of the club could expand to encourage, for instance, composition or even competition.

The City Glee Club, probably the oldest club of its kind in England, is unique. Its survival is essential for music, musicians and all lovers of song.

Are we only molecules?

by **Dominic Beer**

What has mopping-up to do with medicine? Mr. Denis Burkitt, of Burkitt's lymphoma fame, gave a witty, illustrated talk at a meeting of Guy's Christian Union on 26th January 1982, on the subject *"Are we only molecules?"*.

In the first half of the talk, he told an enthralled audience that prevention is better than cure. Imagine a basin overflowing, because the tap is on: people are frantically mopping up water on the floor, but no one turns off the tap. This was the state of our health system he said; 99% of resources are spent on treating diseases and only 1% on preventing them. Mr. Burkitt said that medical education consisted too much of *"aspects and methods of mopping, and choosing mops"*!!

Western diseases such as diverticulitis, gallstones, diabetes mellitus and coronary artery disease are related to diet. Prior to a western diet being introduced into third world countries, there is no evidence of such diseases. Their diet is much richer in cereal fibre and starch; much lower in fat and sugar. He compared stool size in GB – 18 to 120 g/day – with the 3rd world average of 300-500 g/day. The problem goes back at least to 1733, when Jonathan Swift wrote an essay on *"Stools"*. In this he stated that constipation was commoner in the upper classes, who ate refined sugar and bread. All this may be familiar to you. Then Mr. Burkitt came up with the novel idea, that the number of patients in hospital could be decreased – if the average stool size were increased! He regretted that the fibre or the "carton" was taken out of a western diet. This left only the germ or the "content".

This practice he contrasted with man's attitude to himself. In the second part of the talk, Mr. Burkitt compared man's biological nature to the "carton", and his spiritual side to the "content". The latter had been ignored in favour of an emphasis on the former.

Plants have a body or *soma*; animals have an undisputed intelligence or *psyche,* whilst man also has a spirit or *pneuma*. He said that biological life starts from "below" i.e. plants, and "goes up" to man. Spiritual life, on the other hand, starts from above, with God, and comes "down to" man. What differentiates us from animals is not our anatomy, but the fact that we have the potential to talk to God, through God's son Jesus Christ. He told us how each one of us could do this, and how he had done so.

For all his years, Mr. Burkitt was a lively inspiration to all present. Even those who cannot accept his views have to admire a man who has reached the top of his profession without betraying his high ideals. Those of us who agreed with him were challenged by the honest and witty way he demonstrated the relevance of Jesus Christ to individuals and to world medicine.

Quodlibet Society

Mr. Justice Robert Goff

The Quodlibet Society was recently privileged to entertain Mr. Justice Goff, a High Court Judge of the Queen's Bench Division, as speaker. The meeting was introduced by Sarah Wollaston, Chairman of Quodlibet, with a brief summary of Sir Robert Goff's distinguished career. After his education at Eton, where he was Humphrey Lyttleton's fag, Sir Robert proceeded to New College, Oxford where he gained first class honours in jurisprudence. He was called to the Bar in 1951, became a Fellow of Lincoln College, Oxford between 1951 and 1955, and was knighted on his appointment to the Queen's Bench. He is presently a High Court Judge on the same Bench.

After this glowing introduction, Sir Robert rose to speak on his chosen subject: *"Law – the Skeleton of Civilization".* With his quiet, precise, but extraordinarily commanding delivery, our speaker opened with a brief review of the function and structure of the various principal Courts. He explained that the Court of Appeal is divided into two main sections, Civil and Criminal, presided over by the Master of the Rolls and the Lord Chief Justice respectively. Beyond the Court of Appeal, he explained, lies the supreme legal body – the House of Lords – while much of the more mundane matters of law is dealt with in Crown and Magistrates' Courts.

Sir Robert then explained the constitution of the Inns of Court, these being Inner Temple, Middle Temple, Gray's Inn and Lincoln's Inn. These are *the halls where judges and barristers are destined to eat their renowned* "lunches" and they provide an opportunity for the legal eagles to discuss current issues – a veritable nest of eerie intellectualism!

Sir Robert's talk was spiced with slices of delightful humour – he related the story of the solicitor's client, who, on receipt of a large bill requesting him to pay *per anum,* replied that, while he was quite accustomed to paying through the nose, he considered the latest suggestion highly irregular!

He eluded the issue of capital punishment by relating the story of the man who, while filling out an insurance form, was asked to state the cause of his father's death. Unfortunately, his father had succumbed to the rope, but, wishing to seek a euphemism, he declared: *"My father died when the platform collapsed at a public function!"*

Sir Robert went on to discuss the troublesome issue of the division of the legal profession into barristers and solicitors. He qualified the argument for retaining the division by emphasising the importance of maintaining the quality of advocacy – the gift of the barrister's gab – and by explaining that the division allows the development of legal specialities, which are necessitated by increasingly complex legal problems. He commented, however, that this does introduce a greater gulf between the strata of legal practitioners and may lead to increased fees – a point highlighted by his definition of bankruptcy as that state of affairs in which the defendant's remaining fluid assets are equally divided between his barrister and his solicitor!

Sir Robert concluded his talk by emphasising the fundamental axioms of law – to ensure that everyone is equal in law, and free under the law. It is only within these premises, he said, that civilization may mature.

It was not difficult to appreciate why Sir Robert has become so highly regarded in his field – his unhurried, but masterful eloquence, his ability to place his audience completely at ease. If, as he suggested, judges can be divided, like pedestrians, into the quick and the dead, Sir Robert must fall into the supercharged category.

T. D. H.

Jazz evening

Reviewed by our Jazz correspondent

As part of the Entertainments Committee's efforts to raise money for the Steve Duckworth appeal, a Jazz Evening was held in the Ballroom on Thursday, 27th May.

We were very lucky to have Mike Lavelle (entertainer *extraordinaire* and surgeon) to play for us on electric paino, along with a few of his musical friends: Don Rendell on tenor and soprano saxophones, clarinet and flute (not all at once), Dave Green on double bass, Ashley Brown on drums.

As soon as they started to play, their professionalism and talent were obvious; the jazz drumming was restrained, but always exciting, with its constantly changing syncopated rhythms. The bass was similarly excellent, setting a solid backing, but occasionally breaking into original and enjoyable solos. Mike Lavelle on keyboard provided an equally proficient accompaniment, with a real understanding for the music.

However, the real star of the evening was Don Rendell, whose sheer excellence and technique captivated the audience. Apart from his versatility on four instruments, his empathy with the music lifted the others to give three hours of unflagging, dazzling entertainment.

During the second set, Helen Dazely joined the group, and sang confidently and with feeling: her versions of *"Route 66"* and *"Peel me a Grape"* stand out as highlights of the evening. Instrumentals included *"Things are Getting Better"* and *"On Green Dolphin Street"*.

As well as the music, the audience was treated to a superb floral display – literally thousands of flowers were given to us by the stall-holders of New Covent Garden, and we only had room to put out half of them! (All the flowers were later distributed to the wards.)

The warmth of the playing was matched by the warmth of the applause and the enthusiasm of the dancing. An encore was demanded and delivered, and all left feeling that this must have been one of the best evenings at Guy's for a long time. It was a shame that so few of the younger students went, giving in to pre-exam paranoia, for they, too, would have enjoyed the occasion.

Many thanks to the members of the band, and everybody else who gave their services free, for helping us to raise about £450.

Nursing

The Royal College of Nursing Representative Body Congress and Exhibition

The Royal College of Nursing Representative Body Congress and Exhibition is held annually, on alternate years in Harrogate and Bournemouth. This year, Harrogate was host and as the Eurovision Song Contest moved out, the *nurses moved in, in their hundreds.*

Harrogate is a beautiful old spa town, whose parks and gardens were resplendent with flowers in the April sunshine. The Congress, held in the Royal Hall, was opened by the Mayor, Frank Thackeray, and then our President, Marian Morgan, gave her opening address.

The Minister of Health, Kenneth Clarke, addressed the Congress with a much awaited speech on Nurses' pay. He warned delegates that the profession could forfeit the government's "moral commitment" to better pay for nurses if it took industrial action. The government had moved from their initial 4% offer to 6.4% in recognition of the nurses' reluctance to take industrial action. If it had been facing industrial action of the kind now being planned, it would never have offered the extra 2.4%. *"The groups who benefit under this government – the police, the armed forces – are those which do not take industrial action."* He urged the nurses to accept the government's offer with the promise that he was ready to chair a small working party for tripartite discussions with the management and staff sides of the Whitley Council. There were heated rejoinders from the floor, during which one speaker said: *"Would you please stop using our dedication as an excuse"*.

The afternoon's professional conference was opened by Miss Sheila Quinn, who is a member of the RCN working group which produced *"A Structure for Nursing",* which she said is some of the most important work ever produced by the College. She said nurses should feel excited and challenged, not threatened, by the prospects of changes in the professional structure.

Robert Tiffany, Director of Nursing at the Royal Marsden, clarified the proposals for the structure, saying that he believed there should be only one level of qualified practitioner. This would not undervalue the contribution made by SEN's and their position would be strictly safeguarded. Their salary should have parity with first level staff nurses, if they did not take conversion courses. He discussed the rôle of the nursing auxiliary and said the working group had no intention of devaluing their rôle, but it should be distinguished from that of the nurse. The professional title of "nurse" must be defended. John Greenwood, Director of Nurse Education at Ipswich reiterated the need for one basic recognised statutory qualification, saying, *"wherever patients are found, they have the right to be under the care of trained nurses, who themselves have all been prepared professionally to an equal statutory level."*

Elizabeth Winder, Nursing Officer in the Guy's Renal Unit, spoke next, saying that pilot schemes operating the new clinical career structure should be set up all over the country in different nursing environments. She added that a growing number of nurses want to make their careers on clinical nursing and not be forced into administration or teaching posts in order to pursue a career structure. The staff nurse post would be given its proper status, a pre-requisite to appointment being the completion of a professional development module. This would lead to a senior staff nurse position, then Sister Grade II, leading to the top of the clinical grade ladder, Sister Grade I.

This grade would have three different roles – head nurse of a specialised clinical area, senior member of several Ward Sisters Grade II, and clinical nurse specialist or consultant. This person would probably have five years post-registration experience and would have mandatory specific clinical qualifications.

Christine Hancock, District Nursing Officer from Bloomsbury, said that too many nurse managers were concerned about the appearance of their nurses, rather than the way they care for their patients. They are quick to punish and discipline when errors occur, rather than to understand the pressures and stress of nursing. She said *"A Structure for Nursing"* highlighted the key role of the Ward Sister. There must be appropriate training and preparation for promotion. Too many Ward Sisters are in posts for which they do not have the appropriate qualifications.

Following the professional day were four lively days of debate and discussion, on such diverse subjects as the anomalies in London weighting payments, to the effectiveness of nuclear war civil defence planning within the N.H.S. and the role of nurses in drawing up these plans.

As a newcomer and non-voting member to the R.R.B., I found the voting system initially confusing, but soon grasped what was going on and listened enthusiastically to debates and resolutions put forward by R.C.N. Centres from all over the country. It opened my eyes to the fact that the R.C.N. is the only body that can truly represent nurses, as its total membership of nearly 200,000 is made up of only nurses. No other organisation can make decisions for us as a profession, and I would urge all learners and qualified nurses who do not support the R.C.N., to think very carefully if they do not belong, or, if they are considering joining any other organisation.

There was more than a touch of sadness at the end of the proceedings, as the General Secretary of the R.C.N., Dame Catherine Hall, will be retiring this year, so this was her last R.R.B. She had a wonderful send off, many standing ovations after several eloquent speeches, and tributes and gifts from R.C.N. Centres and colleagues from all over the country. Her successor is Trevor Clay, who worked at Guy's several years ago, initially as a staff nurse in the York Clinic and then as the first male charge nurse ever to be appointed in a general ward at Guy's. I am sure all R.C.N. members will join me in wishing him every success in his arduous but very important post.

Brenda E. Faulkner,
Senior Nursing Officer.

Physiotherapy

The May issue of the *Gazette* was bursting with news of scholastic unions, liaisons and affairs with varying hints of the shotgun in the background. The Medical School does this, the Dental School that, the

Nursing School the other. Not to be outdone, the Physiotherapy School has set about the delicate business of reaching an understanding with a marriage broker in order to *"go into Education"* and to enjoy a meaningful relationship with the Council for National Academic Awards. It would have been more dignified, perhaps, to have come to some sort of an arrangement with the Medical School – as is happening elsewhere – but the moment was probably wildly unpropitious and the development of a possible cooperative with our near-neighbours, under a United Hospitals banner, had dwindled into nothing more than the dullest of gleams in the erstwhile anticipatory eye.

Our latest tentative venture into these unfamiliar territories, where the negotiations are conducted in a terminology unfamiliar to the hospital-trained ear, ended rather abruptly with what seemed to be an irrevocable shutting of a door which we had thought was being held invitingly open. But here, perhaps, we showed our naivety and, though the door was shut, the latch apparently never dropped and we are encouraged, gingerly, to push against it yet again.

We have, it might seem, a faintly ridiculous dilemma to wrestle by the horns; the diploma course we now provide is one which, were it to be set up *de novo,* would be given serious consideration for the award of a general degree. However, the course is established and it does lead to a diploma, so before we could put it forward as degree worthy, we would have to strengthen it academically and would almost certainly have to lengthen it. That can be done, of course, without any great difficulty – although the desirability of taking an essentially practical profession still further into the groves of Academe may strike one as dubious – but what is difficult is to persuade those who control the finances that there is something in it for them, if we ask to give us the necessary money to lengthen the course, employ more teachers and extend the students' bursaries for an extra period.

Why bother then? Why not go on producing essentially adequate – even quite good – physiotherapists, trained in the environment in which we expect them to work, rather than remove them into a different, in some ways inimical, environment just for the sake of a degree?

Difficult to answer in other than vague terms about mainstreams and overall trends and dangers of becoming a professional anachronism. We do have to think this question through with great care – to move with the herd merely for the purpose of staying the same as the other girls is not enough. To be a dear old fashioned thing, on the other hand, may have its period charm and set waves of nostalgia in motion, but that is not enough either. We have to make an honest, and hopefully informed, guess at what is the likely deployment of the profession ten years hence and work now to prepare our School to be meeting that need. To this end, it is necessary that we examine all the options available to us and, no doubt, with frustration here and opposition there, try to achieve a realistic but enlightened outcome.

R. J. Cooper.

Book Reviews

"Essential Obstetric Practice" by Gerald J. Amiel. 1st Edition. Pp. 260. Price £5.75p. Published by M.T.P. Press.

This is a clinical book founded on clinical experience. As the author states in the introduction, technology is advancing rapidly, but many basic principles remain the same. It is the basic principles which stand out in this book as being written only by one who has first hand knowledge of all aspects of obstetric practice. Having said that, the text contains essential detail concerning the latest information on prenatal diagnosis and the management of premature labour.

There is a wealth of pocket textbooks in obstetrics on the market at the present time and so it remains to be seen how this one will fare. My feeling is that it will perhaps find favour with midwives rather than undergraduates. In either event, it is competitively priced at £5.75.

T. M. COLTART,
Director, Department of Obstetrics.

"Nursing the Psychiatric Patient" by Joan Bun and John Andrews. 4th Edition. Price £6.50. Published by Baillière Tindall.

In this, the 4th edition of the book, recent developments have been added, *including community nursing*, behaviour therapy and some emphasis is given to the nursing process. Since it was first published in 1961, it has become standard fare for nurses doing their psychiatric secondment during general training, or starting their R.M.N course. It covers a lot of ground, dealing with various topics in an easily read and common sense way, yet at the same time enabling the reader to think for himself by posing various questions about approach, treatment etc.

It provides a good basis for psychiatric nursing by whetting the appetite for further reading. One minor criticism is that it does not give a reading list from which one can follow up certain topics, but I can see no reason why this edition should not continue the popularity of this most worthwhile book.

M. ADAMSON,
Psychiatric Unit.

"Problems in Respiratory Medicine", by Paul Forgacs. 1st edition. Pp. 158. Price £7.95. Published by M.T.P.

"Problems in Respiratory Medicine" is the latest in the *"Problems in Practice Series"*, and, like its predecessors, is written by a specialist working in a general district hospital. The reason for choosing such authors is that the text is more likely to be modelled on the individual's experience and, as such, the bias towards highly selected rare cases is less. The authors are also in a better position to select topics which they see creating difficulties for general practitioners. Dr. Paul Forgacs has in this book dealt mainly with the problems on which his advice has been sought and the contents of this book are, therefore, a well balanced appraisal of chest problems.

The initial chapter on symptoms, clinical signs and breathing tests is good and includes his own excellent work on lung sounds which has led to a new insight in using the stethoscope in chest disease. The diagrams are helpful in this chapter, apart from the spirograph trace which has been taken (as elsewhere in the book) from a wet spirometer and, with the increasing use of the vitalograph in general practice, may lead to some confusion, or not *least, some loss of clarity.*

The next five chapters deal with the common chest diseases and the remainder of the book with a combination of less common diseases or common presentations of chest illness (pleural effusions and recurrent respiratory illnesses in children). The text is laid out in short paragraphs with headings in the margin which allows easy reference within chapters.

Inevitably in such a short text written by a single author, the management tends to be dogmatic and occasionally is in conflict with the reviewer.

The chapter on asthma is, in the reviewers view, rather dated and fails to mention both the inspiratory nature of the disease and also does not mention the usefulness of frequency of bronchodilator aerosol usage as an indicator of severity of the disease, and, therefore, the need for further treatment.

The chapters on tuberculosis and sarcoid are sound and give a concise account of both diseases and the management of patients.

A well written book with sound editing; short lists of references at the end of each chapter and a pleasant read. However, it is difficult to assess how useful this book will be for general practitioners. Hopefully, the publication of a second edition will confirm its place in compulsory reading for general practitioners.

G. M. COCHRANE,
Consultant Physician.

"Federal Health Programs", by Stuart H. Altman and Harvey M. Sapolsky. Pp. 246. Lexington Books, Lexington, Massachusetts.

This is a review of past, present and future Federal Health Programmes in the United States. As the editors in their introductory comments underline, the fact that a dilemma exists between the desirability of extending health care as widely as possible to those in need, on the one hand, while rationalising the distribution and use of resources to limit duplication and waste, on the other. In trying to balance on this tight rope, the editors have gathered together the views of another 13 authors in the field of health policy, economics and social welfare with one Professor of Medicine, who is also deputy director of the Health Care Equality Effectiveness Unit of Boston University Health Policy Consortium. Discussion ranges widely and includes the relative merits of three different types of health maintenance organisation: the staff model where physicians are direct employees of the service, the group model where physicians work as independent contractors (the nearest equivalent to General Practitioners in the British N.H.S.), and the individual practice association based on a fee for service. Consideration is also given to the relative rôles of hospital and specialist care, private nursing homes and mental health centres. There is also considerable discussion on the merits of extending the privately funded insurance schemes such as Blue Cross and Blue Shield or blending these with schemes funded from public resources, such as Medicare (health care for the elderly and disabled totally financed from federal funds) and Medicaid (health care for socially deprived, financed partly from State funds with a proportion of reimbursement from federal funds). The book ends with a suggested "best buy" National Health insurance package described as a realistic course of action for the U.S.A. The key features of the plan are: universal coverage for a comprehensive package of benefits; a moderate amount of individual cost-sharing; financing through a combination of non-income-related premiums and general tax revenues; a limited federal rôle in operating the payment and delivery systems; simplicity; administrative efficiency.

The book is essentially for those who are interested in the American dilemma of funding health care and the arguments for and against a comprehensive health programme for that country. Time will show if the mix is the one accepted by the American public and Congress. However, the likelihood that such a scheme would be both simple and administratively efficient seems unlikely. For this reason the book could also be considered as recommended reading for those in Britain who have the naive belief that reduction of state control, or its blending with some form of private insurance scheme in the administration of the National Health Service, would reduce the bureaucracy or increase efficiency.

J. A. D. ANDERSON,
Professor of Community Medicine.

"Occlusion in Clinical Practice", by Hamish Thomson. Pp. 188. Price £8.50. Published by Wright PSG.

Early chapters of this book define terms used and conditions referred to. The author then describes procedure for occlusal analysis together with uses of articulators. He goes on to deal with occlusal adjustment of the natural teeth and occlusion in relation to bridgework, full and partial dentures. The last two chapters are concerned with the mandibular dysfunction syndrome and treatment of occlusal disorders.

Dental opinion is somewhat divided about the importance of harmonious occlusion. I believe it is important. This is a small book with a lot in it, not as repetitious as some American works. It is scientific without being stodgy and contains some phrases to remember such as on page 1 *"the community has a right to expect from the* *dental profession comfort and efficiency while eating, and freedom from preoccupation with teeth when not"*. Or on p. 104, *'All the experience with failed bridgework and pulp death should be brought to bear on deciding the future health of teeth to be prepared, crowned and used anew. Better a tooth or a pulp lost now than later to lose a bridge abutment or incisor crown"*. It will be seen that the work is not confined solely to the subject of occlusion.

If you do not know what Schuyler's rule is or you have not heard of monosymptomatic hypochondriacal psychosis you will find references on Pp. 80 and 174 respectively. If you have any patients "chewing with a limp" or you would like to have a go at Gnathosonic Analysis, you should read this book.

A. D. ROBINSON,
Consultant Dental Surgeon,
Department of Conservative
Dental Surgery.

"W. G. Grace: His Life and Times", by Eric Midwinter. Pp. 175. Published by Allen and Unwin.

This seemed to be an unusual book to be asked to review for the *Gazette* since Grace's relative attentions to medicine and cricket may not appear to be the ideal balance for aspiring medical students. Nevertheless, it is highly enjoyable, more for its information on the development of county and Test cricket than for any insight into the life and character of W.G. himself. This is the first biography of W. G. Grace to appear for over 20 years but, happily, still recalls many of the anecdotes about Grace's behaviour on the field which was often autocratic and "unsporting". His character hardly comes across as either particularly intellectual or attractive.

Grace's cricket career spanned 57 years from his first game for West Gloucestershire in 1857, to his final game for Eltham against Grove Park, in 1914. It was in his later days as captain of London County at Crystal Palace that he made his appearance with the Australian W. L. Murdoch against Guy's Hospital. He played a major part in the development of the modern game, many of his earlier matches being against teams of up to 22 players. The development of the amateur game and the place of professionals are explained in Eric Midwinter's book. Grace occupied an intermediate position, playing for the Gentlemen, but well recompensed for his appearances. His fee for the 1873/4 tour of Australia while a medical student was said to be $1,500.

A rather irritating feature of the book is the frequent reference to the performances of William Midwinter. Despite being a distant relative of the author and the only man to play for England against Australia and Australia against England, he hardly deserves such extensive coverage.

While accumulating 99,840 runs and 7,325 wickets in all cricket, the Doctor is unlikely to have had much time for medicine. He qualified L.R.C.P.(Ed.), M.R.C.S. in 1879, after ten years as a student at Bristol and Bart's. Gloucestershire then paid a locum for his practice during county games, a practice bought from a testimonial fund set up for the purpose by the M.C.C.

Although this book can not be considered an indispensable aid to finals, it provides a fascinating account of 60 years of cricket history.

JOHN REES,
Clinical Tutor.

"Gynaecology by Ten Teachers" edited by S. Clayton, T. L. T. Lewis and G. Pinker.

It is good to see this book revised again. Contributed to by London Teaching Hospital gynaecologists since 1919, it has represented a broadly-based view of standard practice over the years. The format has remained largely unchanged, a concise uncomplicated text liberally sprinkled with diagrams, plates and photomicrographs. Although it is not a pocket book, its simplicity allows the student to dip into it for reference, without incurring the risk of getting bogged down in a lot of small print information. At £10.75 it is a good investment, not only for undergraduates, but for those contemplating a career in general practice.

T. M. COLTART,
Director, Department of Obstetrics.

Correspondence

Stephen Duckworth Appeal Fund
London Marathon 1982

Dear Sirs,

I would like to use your column to reinforce my thanks to all those who kindly sponsored my marathon entry to the London Marathon on behalf of the Stephen Duckworth Appeal Fund. I think I have thanked everyone individually, but if anyone has been omitted accidentally please let this letter serve. Furthermore, if any friends from bygone days read these lines perhaps they may be moved to make further contributions to the Appeal, sending me their cheques made payable to Guy's Hospital Medical School. I believe this sponsorship has topped £1,000, but £2,000 would not come amiss.

The computer recently advised me that I was 5540th in 3 hours 31 minutes and 10 seconds, but I am deducting 70 seconds for the time to cross the start line! It was a great help knowing that there was so much money riding on my back including the 10p from my spaniel, contributed from my younger daughter's money box. Spaniels turn out to be sprinters, not long distance dogs, and mine dropped out of the training programme. Now I think this neurologist will return to the tennis court. Rumour has it that at least one eminent Guy's physician will be entering the London Marathon next year, but I do not think he will better the time of this year's neurological registrar, a fast New Zealander Dr. Stuart Mossman; time – 2 hours 56 minutes. Perhaps your reporter will tell us whether Stuart was the fastest Guy's marathon runner.

It was easy to find sponsors for such a good cause and we wish Stephen Duckworth well for his marathon during the years to come.

Yours sincerely,

R. A. C. HUGHES,

Department of Neurology,
Hunt's House,
Guy's Hospital.

"Graphic" description

Dear Sirs,

Just before I read Pat Archer's letter in your last issue, I had occasion to visit the Medical Illustration Department.

I made my way to the 17th floor of the Tower confidently enough but nearly lost heart when confronted with the sign saying *"Graphics"*.

I have a son in the fine arts business so I know what graphics are and would have turned back if some friendly person in an adjacent department had not assured me I was not lost.

I have been retired from Guy's for over three years now and, alas, have become somewhat out of touch with my friends who must have proposed this odd change. Of course, it would have been recommended in the interests of economy, a sign saying *"Graphics"* being cheaper to make than one saying *"The Department of Medical Illustration."* If this is true, what chance has Miss Archer's proposed title? But what we need to know is were the old signs really worn out?

Yours faithfully,

L. F. W. SALMON,

Corner Cottage,
46 High Street,
Wimbledon Common,
SW19 5AX.

Sport

At the last meeting of the Blues Committee, on May 17th, Blues were awarded to the following:–

Association Football

Full Blues: Mark Batterbury, Ken Harper, *"Alex"* Williams.

Half Blues: Liam Broughton, David Cheshire, Andy Jones, Denis Kinsella, John Rawcliffe, Ed Rytina, Colin Tidy.

Boat Club

Half Blues: Adrian James, Philip Mayes, Andrew Williams.

Ladies' Hockey

Half Blues: Anne Speight, Wendy Jane Stephenson.

Men's Hockey

Full Blues: David Hett, Richard Plowman, Simon Wyeth.

Half Blues: Niaz Karim, Asim Khwaja, Alan Lobo, Neil Oastler, Robin Russell, Oliver Stovin, Paul Upton.

Ladies' Swimming

Full Blue: Julia Hulme-Kendall.

Half Blue: Gill Jeanne.

Men's Swimming

Half Blues: Stephen Loveless, Dominic Flanagan.

RUGBY

Guy's 13, Old Whitgiftians 3

The last match of a fragmented season saw Brian Keevil calling up "the old Guard" for a traditionally hard fought fixture. The net result being that Guy's fielded a pack weighing an average of 15½ stone a man; something not seen for many years. The pack provided a good supply of ball from the set pieces and a reshuffled half-back combination of Paul Reynolds and Neil Slater got the three-quarter line moving swiftly. The early pressure gave Guy's 6 points from penalties well taken by Mike Hackett. However, some cavalier play allowed Whitgiftians to come back into the game with a penalty.

Despite their dominance, Guy's only led by 3 points at the interval and Whitgiftians' sharpness in counter-attacking always gave them hope of producing a further score. Neil Slater eased Guy's ahead with a well thought out, but very wobbly drop goal early in the second half. The heat of the day and odd few excess pounds saw Guy's forwards flagging somewhat in the middle of the second half, but exhorted by the crowd that included Dr. Stafford Clark, finally produced a try for Paul Reynolds. This score, which capped an excellent season for our first choice full-back put the game beyond Whitgiftians' reach, although, to their credit, the visitors never stopped trying and ferocious tackling from the Guy's *defence remained firm until the end. Team:* P. Chew, M. Hackett, A. Girling, R. Moore, M. Reece, N. Slater, P. Reynolds, G. Parry, E. Rose, I. A. Neill, B. G. Keevil, M. Popplewell, J. A. Brazier, S. F. Mihill, M. King.

The season has been a mixed one: some good successes, but some sad losses. Undoubtedly, the appalling weather over Christmas cost the club dear in match practice and training and most of the impetus seemed to vanish at an early stage. Congratulations of a domestic nature are to be extended to Brian Keevil, Huw Williams and Andy Girling, the last two on their respective engagements and our beloved, but much abused Captain on his marriage. John and Jane Brazier had had a daughter and Mark Lowey has also entered connubial bliss. Still enough of news from the Tatler social column and more of the club in general.

Words of thanks to our august President, T. L. T. Lewis for his continued hard work and also to Terry Gibson and Steve Challacombe for theirs.

The 1981/82 season may see the retirement of two great competitors, Brian Keevil and John Brazier. Brian in his time at Guy's has captained the club twice and fulfilled the thankless task of Fixture Secretary for two years. A man of great presence (in every sense of the word), he has the unique ability to inspire players and engender a sense of club and team spirit that is given to few. He has by dint of his own personality brought the club through a few very barren years to a state where it is able to commend a measure of respect in the rugby world that many thought long gone.

John Brazier is another long serving member, his uncompromising style of play has endeared him to his colleagues and alienated referees in equal measure. Whether it is being premature to "write him off" so early in life one cannot say, although he has threatened retirement so often that he must be taken seriously at least once, and this might as well be the time. It will be a great loss to Guy's if he does not pull his keloid tissue into a Guy's shirt next season, but no doubt he will take up some gentler pursuit like Sumo wrestling if all else fails.

1982/83 will be a crucial season for Guy's in many respects. The club has an appalling record for honouring fixtures and this must cease. If we are to retain our credibility as a vital club there can be no more *"crying off"* on Thursday and Friday nights placing the Fixture Secretary and lower team captains in the highly invidious position of having to explain to some less than amused captain that all Guy's can offer is 6 men, a dog and the captain's mother in the way of opposition. People who wish to play rugby for Guy's must realise that once agreeing they must fulfil their commitments. The repercussions have a ripple effect causing grievance not only to one's peers, but to outside clubs and thus bringing Guy's name into disrepute. It is time that individuals realised that there is really no place for them in a rugby club that they see as somewhere they deign to grace with their presence on a biannual basis (providing of course the side isn't playing away). Still enough of this diatribe. One would not want to see the club run on Draconian lines, but a note of warning will hopefully obviate that necessity.

The season has not been without its high spots. Paul Reynolds and Simpson Hamilton have been great supporters, the former having the distinction of playing in every game and the latter having taken over fitness training with a dedication that suggests that he spent his formative years amongst Spartans – his idea of kindness revolving around offering to shoot any players unable to keep up the case on a *"pour encourager les autres"* basis.

There does, I am glad to say, appear to be a general spirit of optimism abroad at present. Jon Beard is due to return from the nether regions of the West Country, where Bath have been schooling him in some of the more refined subtleties of forward play. Richard Moore, a spritely 37 years of age, returned with Mike Reece for the last game of the season and it is to be hoped that more will be seen of these two fine competitors. Similarly the sight of Gareth Parry, frightening children and scaring adults of a nervous dispostion, is due to be seen on a more regular basis next season. A solid base of forward power, which has been such a strength of Guy's play in recent seasons, is likely to be retained and this gives hope that our talented back line will show their true worth, always assuming Neil Slater is acquitted and not breaking rocks on Dartmoor. Sources close to this talented utility back and beach bum assure me his recent visits to West End Central have been of a purely "routine" nature. I await the report in the *News of the World* with interest!

Words of thanks must go to Bill Hogan and Mick Martin for their efforts with the 2nd, 3rd and 4th fifteens – I would say more, but after my previously well chosen words on these two, threats of writs are being bandied about with rather too much enthusiasm for my bank manager's heart condition.

Questions still remain to be answered: will Richard Docker's liver last another season? Will Bill Rosenberg attend 2 consecutive training sessions? What will Tim Bryant break this year? Will Ted Rose throw a ball in straight, and will anyone visit me in the York Clinic and do I still get let out on Saturdays?

Ah well, my thoughts for next season could not be better put than Foch's message to Joffre in September 1914. *"Mon centre cède, ma droite recule, situation excellente. J'attaque".*

Inky

CRICKET

1st XI

Since your humble scribe last outlined the feats of the First Eleven, performances have unfortunately not been good. *Stoics* handed out their annual hammering to a side including Mike Marsh whose sole purpose for being at H.O.P. was to throw the javelin. After declaring at 227 for 5 they dismissed us for only 120. Ian Renwick's 36 being the best resistance offered.

Next came a victory against *Nomads.* John Rees made a cat-like (many lives) 57 and Ian Leonard 30 in helping Guy's to declare at 176 for 8. Nomads made a valiant attempt to score the runs, but were eventually beaten as Alex Williams, with 2 balls to spare, took their last wicket (his 4th).

One week later, Guy's again made a good total. King (56), Jolliffe (48) and Norton (46) produced the major contribution towards 183 for 6 declared against *Lonsar.* The rains then came down and made the wicket almost unplayable, however they batted in treacherous conditions. With everyone around the bat their opener hit a thunderous cut straight at our leader fielding at silly point, who then intercepted it with his pre-eminent proboscis. Hospitalisation (poor Esther Ward) for 5 days was the unfortunate result. Following this the match dragged on to a miserable draw Lonsar finishing on 63 for 5.

The next match, an organisational nightmare, was against the *City of London G.P.O.* With Captain and Vice-Captain absent, and Secretary only half present, Charlie Tunnadine was conned into captaining a makeshift side (it included Mark Batterbury) against whom 201 for 6 was scored. In reply Charlie made 60 and Andy Jones 44, but Guy's were defeated on the last over, being dismissed for 150.

The *Past v Present* match was approached by the Present with some misgivings. Despite Mike Glover's absence Mark Winter (44), John Rees (27) and Dave Greenaway (39) proved the Past to be a very good batting side, helping them to 191 for 7 declared. Your scribe, who whilst keeping was sent to Casualty by Cranston's leg side bowling, returned to watch the Present destroyed by Charlie Tunnadine's spell of 4 for 12. Gavin Shannon's 18 was the best score in an appalling reply of 75 all out.

The next day Guy's played *Dulwich Wanderers.* Simon Petrides scored his first 50 for Guy's but we still suffered a 3 wicket defeat.

Hurlingham Oddfellows were our next visitors and with the help of 67 from Mark Marlow and a lightning 47 n.o. from our returning Leader a target of 173 was set. Shannon (4–48) and Tunnadine (3–45) bowled long and well to provide a tight finish where either side could have won, but neither did as Hurlingham finished on 161 for 8.

With no front-line bowlers playing against *Old Lambethans,* Pete Jolliffe and Mike Powell opened the bowling remarkably well. Our Leader bowled especially well (the Bedser style) unchanged for 16 overs, but nonetheless the opposition declared at 184 for 3 – an impossible target in the rain affected match. An embarrassing 74 all out was the reply.

Harold Pinter's side, *Gaieties,* were the next side to visit H.O.P. Guy's were inserted and for a change the innings produced performances of note – Gregson (27) regained confidence, Tunnadine raced to 41, Goldsmith bashed 18, and Tim Bryant not only put the pads on immaculately but also scored 14. Chasing 146 to win Gaities failed to score at all off the first 10 overs and at one stage were 36 for 4. Thereafter, a partnership of 106 took them to within 4 runs of victory, but tight bowling from Alex *(Panic Attack)* Williams and Charlie left them on 144 for 5 at the close. A moral victory?

Ape

LADIES' CRICKET

Guy's Ladies (The Bunnies) v. King's Ladies

History was made on Sunday 6th June when the first Guy's ladies' cricket team (? ever) took on a team from King's at Dog Kennel Hill. King's won the toss and elected to make Guy's bat; the latter made a solid start with Megan Rees hitting a fine 12 before being bowled. Guy's lost a further 4 quick wickets before Elaine Dare and Nichola Page came together for a 30 run partnership, during which the game was considerably enlivened by the appearance of two male streakers (see next edition for photographs).

A total of 111 for 6 in 20 overs seemed very respectable, but King's fought back well with S. Macloughlin scoring 24. However, some spirited fielding by Rosie, Kim, Fiona and Katie kept runs to a minimum. At the finish it was very close with King's needing 11 off the last 2 overs but the wicket takers, Jackie and Elaine, ensured that they did not succeed. (Extras conceded by King's 38. Extras conceded by Guy's 42.)

Guy's won by 5 runs

Dental Students v. Dental Staff, at Honor Oak Park: 30th May

The Non-Staff Propaganda Report: By tradition, the students volunteered to bat first, and things failed to get off to a good start: Colin Buchan got his lip in the way of a Graham Owen "lifter" – and, rather sportingly, Colin did not give Mr. Owen any lip back. Howard Percival was to come in and make a steady 19, although, on quite a few occasions, was grateful that the stumps were not a little higher. His and Mike Bellew's (17) innings are the only ones worth mentioning, both of which contributed to an average 2nd's total of 67; however, a score which must still have looked mammoth to the Staff maestros.

The Students did get a little nervous with the Staff score at 39 for 2, but their concentration, like true professionals, did not falter. Julian Webber appeared to be singled out by Messrs. Bellew and Cox, and was lucky not to sustain more serious injuries – although at one stage he was justifiably concerned about a rap on his "reaming fingers". After he had successfully attempted to swat the stumps with a glorious hook, the rest of the Staff put up little resistance – probably because the bar was *open; after the Students had finished their* celebrations on the field, the Staff decided to join them.

The Ashes remain rightfully in the Students' possession, although battle is to recommence on 11th July.

Ruben Goldmaxsteinspamburger

ALTERNATIVE VERSION

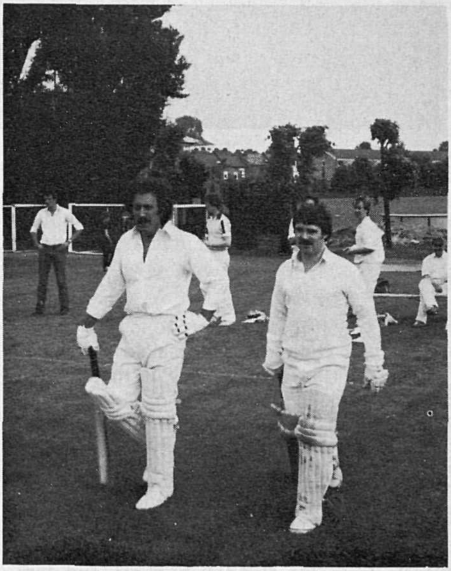
Dental Students v. Staff Cricket Match

The annual students v. staff match was played at H.O.P. in glorious sunshine on 30th May, 1982. The students, by tradition, batted first on a rather hostile wicket and were immediately under attack.

C. Buchan, was hit in the mouth from a fast rising ball from G. Owen and retired hurt. Luckily this injury required only a few stitches. The students struggled to make headway against the Staff opening bowlers but no wickets were taken until R. Joshi came on. Only H. Percival (19) and M. Bellew (17) reached double figures as the students made 67. Singh (5–21) and Joshi (3–12) were the principal wicket takers.

Spirits in the staff team were high at teatime as the students had made 178 in the corresponding match last year. The staff made a good start to their innings and seemed well on the way to victory at 39–2 but a complete batting collapse followed. Only 13 runs were needed with 3 wickets remaining but the tragic running out of Joshi swung the game the students way. The match ended on a knife edge with 10 runs required for the last wicket. Unfortunately, only 4 further runs were obtained before Cheshire was caught off Bellew's bowling. C. Waterman was the principal "run-getter" (17) whilst Bellew (4–19), Jagsi (3–16) and Cox (2–14) shared the bowling honours.

S. Singh



C. Waterman and A. Portelly opening the batting for the Staff.

NOTICE

S. L. Johnston, Esq., (Capt. of the Spirochaetes), wishes to hear from J. Hart, Esq., (Minister with a Portfolio for Communication), to receive the Annual Report. (*Ed. note:* publication will be expedited if the sheets are not stuck together.)

GOLF

The Macdonald Cup

D. M. Macdonald on the putting green at Langley Park Golf Club.

This golf competition, open to dental staff and students, was played at Langley Park Golf Club on Thursday, 27th May. Very heavy rain in the night and early morning left it in doubt whether the course would open in time to start at 2 p.m. The sun did not shine, but the rain did hold off and players set off in threes and fours for a Stableford Competition – ill equipped, we could have done with fishing nets to recover balls from the flooded bunkers and temporary lakes. However, no-one was drowned and some fine scores were recorded. J. D. Haworth won with 37 points. This was no surprise to me, he had told me he would. It was not just an ordinary win; it was a unique triumph. He had won the Competition in 1977 but then he played right-handed. This time he played left-handed! D. R. Webber came second with 35; A. R. Liddell third with 33 and Messrs. R. A. Harper, A. J. Stewart and P. J. Hill fourth equal with 32 points.

We were delighted to have David Macdonald himself playing. He had come all the way from his retirement home at Lymington in Hampshire. Mr. and Mrs. Peter Hill entertained us afterwards to an excellent barbeque at their lovely home in Dulwich, aptly numbered 19.

If any golfers amongst the dental staff and student bodies were left out of this meeting, it was only because they were not known to be golfers. They should approach next year's organiser, whose name will be known when the complex machinery of election, necessary in such affairs, has been completed.

A. D. Robinson

MOUNTAINEERING CLUB

Ogwen Valley – 22nd-24th January

Friday at 5 o'clock (well, 6), the minibus was beginning to look rather full: after wedging the people in, we set off with a poor, confused driver, convinced that he knew a new way out of London. Shortly, we were hopelessly stuck in one of the better traffic jams which London can produce, but once free from this, we skimmed up the M1 and M6 to Hollies transport cafe – alias the *"Greasy Spoon".* After the delights of a mixed grill, feeling slightly queasy, we picked our way through the puddles and articulated lorries back to the minibus.

We arrived in Ogwen Valley at about 1.00 a.m. with a strong wind making it hard to put the tents up, but we were soon buried in our sleeping bags. Breakfast would have been uneventful if a pack of predatory chickens had not stolen Ben, Paul and Tom's bacon and then launched a concerted attack on their lunch. (The SAS would have been proud of those chickens.)

The next day saw a remarkable sight – four people emerging and having breakfast at 6.30 a.m. Snow had been spotted in Cwm Cneifon (The Nameless Cwm), and to make use of this some sadist decided that an early start was in order.

On the long walk up to the Cwm, Paul aggravated a knee injury and so wandered off down the ridge. Tom, Ben and Julian reached the Cwm and practised ice axe braking and ropework. Even while they were there, the snow was getting softer as the day warmed up. They finished by climbing rapidly to the top of a grade 1 gully, to be met by a magnificent sight of a sea of clouds to the South of them. The top of Snowdon and the accompanying Horseshoe poked their summits above the cloud to be bathed in sunlight.

The weather had been superb, and it was only as we began to take the tents down that the clouds came.

At Walsall, where we usually stop for food and fluids, Tom insisted on cooking porridge (or that's what he called it) on the pavement. Alas, The Walsall chip shop is now a Chinese Takeaway, thereby ending an era.

North Wales Meet, 19th-21st February
ULU Hut, Ogwen Valley

Finally the gear had been crammed into the minibus, and remarkably there was room for the travellers. We made good time through the City, only to crawl up the M1. Eventually Hollies, the famous oasis, was reached. We finally stumbled into the hut at 12.30 and fell asleep. "Hut" is rather a demeaning name for a sturdy masonry building with plenty of bunks, a living room, shower (hot) and a luxurious kitchen.

The morning air was cold, the sky cloudless and the day promised to be good. The upper reaches of Tryfan with their delicate layers of ice were just beginning to catch the golden sun.

Steve and Gwyn set off over the Carneddau, had a magnificent day, and were still keen to go climbing the next day. Various other people climbed Bristly Ridge – which was made interesting by a light coating of snow and ice; they then headed back down through Cwm Idwal. Meanwhile, in the Pass of Llanberis, Tom, Hamish and Adrian climbed Holly Crack on Dinas Cromlech. Nearby, Ben and Paul set out to do 'Dives and Better Things'. However, Paul skilfully tricked Ben into leading the final Pitch of Sabre Cut – sensational climb.

After descending the long scree slopes and having lunch, the 'team' set off for Clogwyn y Grochan. Owing to a terrible miscalculation, most of the crag was in shade and consequently cold. This meant the rock had a horrendous effect on the hands – the discomfort after 50ft of climbing was a severe handicap.

After a rather unproductive afternoon consisting of a mass ascent of the first Pitch of Brant, we retreated to the hut, where people were already setting about producing elaborate suppers. There is some strange tradition which dictates that people should indulge themselves, gastronomically, in the ULU Hut. Thus the air was thick with garlic and oregano, and dishes such as chicken in cider sauce were produced (you thought these trips were plebeian, didn't you?).

And so to the Tyn y Coed, a favourite hotel/bar in Capel Curig.

Various people disappeared up Bristly Ridge and the North Ridge of Tryfan, encouraged by the beauty of the day, and the fact that all the bogs were frozen solid. Once again, Bristly Ridge proved to be good value. All the rocks were covered with ice, which was neatly hidden under a thin layer of snow. Bristly Ridge comes out onto a large boulder strewn plateau, close to the summit of Glyder Fach. This peak is a curious collection of spikes rather similar to its twin, Glyder Fawr to the west. Between the two peaks lies a strange tuft of rocks, "The Castle of Winds". If it had ever been a castle, it must have been struck by a rather large thunderbolt.

Owing to the sad demise of our feeding place in Walsall, Paul, Adrian and Hamish indulged in a rather traumatic, and fruitless hunt around Telford for a nonexistant chip shop. We finally decided that it would be safest to go on to the "Greasy Spoon", and thence home.

Hospital Information

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BIRTHS

REES—On 10th March to Helen and John, a son, Thomas William, brother to Sarah.

BRAY—On 22nd May at John Radcliffe Hospital, Oxford, to Julia and Edward, a daughter, Charlotte Diane, a sister for Emily.

DEATHS

SANDER, Ferdinand William, L.D.S., R.C.S. 1926, "Bute", 30 Parkhill Road, Bexley, Kent, died 8th April, 1982.

CAVE, Arthur E., L.D.S., R.C.S., Eng., 1924, son of the late Urban E. Cave, L.D.S., R.C.S., Eng., 1894, and father of Shirley McAdam, Guy's Almoner 1954-56 and Penelope Smith, M.B., B.S. 1961, suddenly at his home in Dorset, aged 77 years.

CHANGE OF ADDRESS

PALMER—Joe and Jean, "Athelstan", 2A Weston Road, Petersfield, Hants, GU31 4JF. Telephone: Petersfield 67405.

HUGHES, Dr. Richard—Temporary address from 10th August 1982 until 10th August 1983, 4945 Emelene Street, San Diego, California CA 92109, U.S.A.

PERSONAL

FOR SALE: Citroen GS 1130 Special Estate, Blue, 1979, 31,000 miles, excellent condition, cassette radio, £1,900. White Austin 1300 "J" Registration, M.O.T., £120 o.n.o. Telephone Dr. Richard Hughes, 444 5200.

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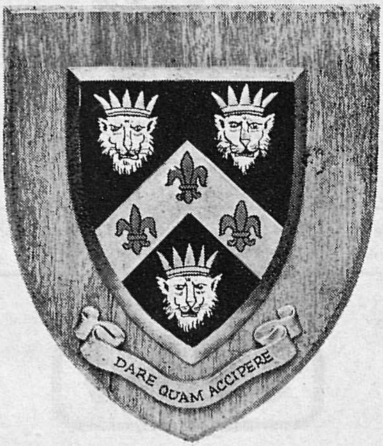

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Passim

Leavening the Loaf

The training of clinical medical students in an almost exclusively hospital-oriented context is a time honoured tradition. Indeed, this has done much to guarantee the quality of research and medical practice at teaching hospitals. Furthermore, we are fortunate at Guy's to benefit from a widely-based hospital teaching programme which has endured the test of time and provided a template for others to emulate. In contrast, however, both medical and dental students' exposure to general practice "in the field" has remained at a nominal level, consisting of one two-week secondment during the Regional appointment for medical students, while dental undergraduates receive no such training at all.

It is obvious that post-graduate exposure to general practice for those who are destined to practise in hospitals would extend an already lengthy specialist training. Having said that, it must not be forgotten that many *doctors who originally opted for post-graduate training in hospital medicine* have latterly been diverted to general practice training schemes, owing to what one might call "a failure to thrive" and whilst the experience gained in an aborted attempt to follow a hospital career may later prove fruitful in general practice, costly time is lost.

The three years of a student's clinical training should provide a greater opportunity for involvement in general practice – such experience would equip all students with a better insight into the business of the family practitioner. This would endow those who are yet to become G.P.'s with a profitable foretaste of what is to come, and expose those oriented towards hospital careers to the mechanism and rationale of hospital referral.

No doubt, the teaching hospitals would be faced with the exacting task of ensuring a consistent quality of teaching among a necessarily large number of willing and competent G.P.'s – indeed, this problem is already highlighted by the students' contrasting experiences of G.P. work during the Regional period. Hopefully, this hurdle would not be artificially overcome by increasing the student to G.P. ratio, the present one-to-one relationship being the obvious ideal.

The question of re-allocating clinical time to G.P. or G.D.P. training, like the distribution of funds, will undoubtedly raise many a hackle, and the existing, already cramped, programme will not yield willingly. It is, nevertheless, a cause worthy of thought which would demand a higher degree of co-operation between the teaching hospital and the participating practitioners which may, indeed, prove to be of benefit to more than just the students.

Accipere Quam Dare?

As many of our readers will know from direct experience, the hospital *service workers' dispute* and the recent rail strike have had a profound effect on life within the Hospital. At the time of writing, *seven wards have had to be* shut and some 200 admissions cancelled. Bleak though this picture may seem at first sight, it is of some relief to note the sensible attitude of the Hospital workers in question, who to date have made their point without causing excessive disruption or endangering patient welfare in very acute *and also high dependency groups, such as accident and emergency,* paediatrics, geriatrics and renal cases.

Cancelled non-urgent surgery may become urgent and waiting lists will grow, the consequences of which may prove very sad; however, blame must not be directed solely to the unions involved. The government must also be judged to be at fault. Management and unions in Guy's enjoy excellent industrial relations, which have never been so clearly demonstrated as at the present. If Mr. Norman Fowler (the minister responsible) had acted in the same sensitive manner, there would probably be no dispute. No more money need have been offered; the present 6% offer could well have been accepted, albeit reluctantly. There was, however, the tardiness of the increased offer (from 4% to 6%), and the apparent attempt to split the health workers by offering more to nurses (7.4%). *Of course nurses are underpaid* – they do deserve better pay; however, by the manner of Mr. Fowler's expression to do so, much harm has been effected. It has resulted in a hardening of attitudes and general embitterment. The dispute will no doubt drag on to no purpose for a while, until a suitably diplomatic formula may be achieved, to the detriment *of all parties involved.*

On a more cheerful note, the railway dispute resulted in a fine example of the ethos of Guy's – to give rather than to receive. *Many members of staff,* on the medical, dental and administrative sides of the Hospital, went through considerable personal inconvenience in order to work. Some slept in their offices, others travelled in at pre-dawn times, often not leaving the Hospital *until late evening.*

It is left only to express great admiration for these caring individuals – well done!

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received *15 days before publication. Copy dates for the next two months are August 13th* and September 17th.

Copy may be sent to us at Mary Sheridan House, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers. *When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or* not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).
Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

News in Brief

Professor Ian McColl

Professor McColl has been appointed Honorary Consultant Surgeon to the British Army. May we express our heartiest congratulations on this auspicious accolade.

Dr. John Wass

Our compliments to Dr. Wass, who has been appointed a Senior Lecturer and Consultant at Bart's.

Mrs. Lois Phillips

May we extend our compliments to Councillor Mrs. Lois Phillips, who has been appointed Town Mayor for Bexhill. Mrs. Phillips trained as an S.R.N. at Guy's.

Gift of Butterfly Collection of Medical Importance

The Department of Entomology of the Natural History Museum has received a collection of 2700 butterflies formed by Sir Cyril Clarke, KBE, FRS and Professor P. M. Sheppard, FRS. The collection is unusual in that it results from years of breeding butterflies in order to investigate genetic differences between species. These studies, begun in the early 1950's and continued in collaboration until the death of Professor Sheppard in 1976, still continue, and have touched on several matters of great medical interest. These include the association between blood group O in man and the incidence of duodenal ulcers, and the development of the highly successful "Liverpool Jab" to prevent "Rhesus" babies.

These medical benefits were "spin-offs" from the main study, which was largely concerned with mimicry – the method by which some butterflies achieve, over millions of years, the appearance of another species which has some advantage over their own, such as being distasteful to birds, and thereby escape predation. Butterflies studied and included in the collection are Swallowtails from Britain, the tropics and North America, and tropical nymphalids related to our Red Admirals and Peacocks.

Accompanying the collection are bound copies of relevant papers and an explanatory catalogue, a non-specialist glossary and copies of early correspondence. Thanks to a research fellowship from the Leverhulme Trust, the collection has been selected and arranged by Sir Cyril Clarke for permanent storage in the Museum, where it will be available to scholars and researchers from all over the world.

Guy's Hospital Physiotherapy Charity Ball

The School of Physiotherapy are pleased to announce that the Charity Ball held on 9th May 1982, at the Waldorf Hotel, was a great success.

During the preceding year, money was raised by organising events such as the 3-legged pub crawl, the Christmas Bazaar, the Rounders Tournament, and many others, all of which were well supported by the public. On the night of the Ball, a Tombola was held, all prizes having been donated by local businesses.

The money raised by these events was given to the following charities:

Guy's Hospital Children's Renal Transplant Fund
The Cystic Fibrosis Research Trust
each of which received £575.00.

Other money was raised within the Physiotherapy Department which enabled the tickets to be subsidised. This also paid for the two excellent bands:

The Mike Arnold Five, from Cambridge;
Goldsmith Big Band
and also the Guy's Disco.

The evening was enjoyed by all and over 350 people attended.

For Sale

The following certificates are available for purchase by anyone interested and will be sold individually to the highest bidder for each. Bids should be sent to The Dean, Guy's Hospital Medical School, London Bridge, SE1 9RT, the covers marked Bids for Certificates. They will be opened in random order at noon on 1st October, 1982. There is a reserve price of £10 on each certificate. Where there are two or more equal highest bids the one opened first will be accepted. Bids should indicate whether they are for any of the three or for a particular one.

The certificates are untorn and are in reasonably good condition but somewhat dirty. Each certificate bears the Hospital coat of arms and measures approximately 13¾" x 18" overall. They were issued in 1870-71 to T. R. Edmundson, who was a student 1868-71. They are as follows:

(i) Certificate of Surgical Ward Clerk – signed by Edward Lock, John Birkett, Alfred Poland, Cooper Forster and J. C. Steele; dated 1st December 1870.

(ii) Certificate of Aural Surgeon's Dresser – signed by James Hinton and J. C. Steele; undated.

(iii) Certificate of Assistant Surgeon's Dresser and Dresser in the Surgery – signed by Arthur Durham, Henry Howse, N. Davies Colley and J. C. Steele; dated 1st June 1871.

The certificates may be seen in the Medical School Office.

The proceeds of sale will be used for the benefit of Guy's students.

Biennial Dinner

The next biennial dinner is to be held at the Connaught Rooms, Gt. Queen Street, London WC2 on Friday 1st October 1982. Applications should be addressed to: M. R. L. Joyce, Honorary Secretary, Biennial Dinner, Guy's Hospital, St. Thomas St., London SE1 9RT.

Mr. and Mrs. Roger Matthews

May we extend our congratulations to Mr. Roger Matthews, former President of the Guy's Hospital Clubs' Union, and Miss Lynn Gardener who were married on June 12th, at Swindon.

British Association for the Advancement of Science

The British Association's 144th Annual Meeting is to be held at the University of Liverpool, between Monday 6th and Friday 10th September, 1982. The Biomedical Sciences section of the programme has the following themes:

- Exporting medical science and technology to the developing world.
- Fat soluble vitamins.
- Recent advances in the treatment of diabetes.
- Physiology of diving/hyperbaric medicine.

Professor Keen is to be a contributor, namely "New treatment strategies for diabetes".

Further information is available from: B.A.A.S., Fortress House, 23 Saville Row, London W1X 1AB.

Travelling Fellowships of the Winston Churchill Memorial Trust

Churchill Travelling Fellowships are open to all UK citizens of any age or occupation, and since no educational or professional qualifications are needed, they are of special interest to people who would not be eligible for other types of grants. (Churchill Fellowships are not normally given for academic studies).

The object of the awards is to enable those who would not otherwise have a chance, to gain a better understanding of the lives and work of people in countries overseas, and to bring back useful knowledge, skill and experience for the benefit of our community. About 100 awards are made annually, and there are now over 1500 Churchill Fellows.

Grants are offered in different categories each year; candidates whose trade, profession or personal interests are covered by any of them may propose a project they wish to carry out in whatever countries they choose. The only requirement is that applicants have to show that they can make effective use of the opportunity both while they are abroad and when they return.

The final selection for the next group of awards will be made by interview in London in January 1983. Successful candidates will be expected to start their travels during that year, making their own plans and arrangements within the scope of the grants. The grant will cover return air fare, plus all travel and living expenses abroad for a period of about two months.

To apply, send your name and address only on a postcard between August and mid October to the Winston Churchill Memorial Trust, 15 Queen's Gate Terrace, London SW7 5PR. You will receive an explanatory leaflet and a form to complete, which must reach the Trust Office by 27th October 1982.

The medical category is as follows:

Emergency services: ambulance, fire, rescue, etc.

DATES FROM THE DENTAL DIARY

August

Mon. 2—Applications close for the Final L.D.S. Examination, Part II (Dental Prosthetics).

Mon. 16—Applications close for the Final L.D.S. Examination, Parts I and III.

Mon. 16—Applications for the First L.D.S. Examination (obtainable from the Medical School Office) must be left in the Medical School Office not later than this date.

Fri. 20—Entries close for the Final Year Prize examination.

Mon. 30—BANK HOLIDAY – Medical School office closed.

DATES FROM THE MEDICAL DIARY

August

Mon. 23—Entries close for the Final Conjoint Examination in September.

Fri. 27—Entry forms for the M.B.B.S. Examination in November must be left in the Medical School Office not later than this date.

Mon. 30—Bank Holiday – Medical School Office closed.

Obituary

William Charles Drayson Maile,
M.A., M.D., M.B., B.Chir., M.R.C.S., L.R.C.P.

Dr. William Maile died on 24th May, 1982 at the age of ninety-three. His father was in general practice in Dedham and after leaving Queenmore School in Kent he went to Pembroke College, Cambridge from where he entered Guy's in 1909. He qualified M.R.C.S., L.R.C.P. in 1912 and M.B., B.Chir. in 1913.

After qualifying, he held posts as R.M.O. at Shoreditch Infirmary and the City of London Lying-in Hospital. He then entered general practice in Kingston-upon-Thames.

He served in the R.A.M.C. during the First World War until 1917 when, as a Captain, he was wounded at Passchendaele. While recovering from his wounds, he was a patient in Guy's and during this time prepared a thesis for his M.D. which he took in 1918.

He returned to his practice in Kingston until 1923. Then, after a short period in the City of London, he joined a practice in Woking, where he remained until his retirement in 1961 and during most of that time he was Physician to the Woking Victoria Hospital.

He was kind and sympathetic and throughout his career he never forgot the Hospital motto, which ruled his actions when treating his patients. Their

interests always came first and he treated them as individuals as well as patients – considering all their circumstances, as well as their immediate illness.

After his retirement, he moved to Torrington in North Devon where he was able to indulge in his other interests, namely fishing, gardening and postal history.

He leaves a son, three grandsons a grand-daughter and a great grandson. His son and his eldest grandson were also at Pembroke College and Guy's.

J. W. B. D.

Dr. D. A. White, M.R.C.S., L.R.C.P.

Dr. Duggie White died on June 18th, after a long and painful illness; he was aged sixty five. His was a character which stood out in a crowd and he will be missed by countless friends and patients from all walks of life. Having been educated at Epsom, he qualified from Guy's in 1942. His father was a dental surgeon who trained at Guy's. Soon after completing his house jobs, he joined the Navy and survived when his ship was torpedoed and sunk in the Channel. He was later posted to Sidney, Australia.

At the end of the war, after obstetric training in Sheffield, he went into practice in Godstone and Bletchingly, quickly building up a successful and single handed practice. He did much of the obstetrics, which he enjoyed and did well. Later, he became a clinical assistant in the department of dermatology at St. Peter's Hospital, Chertsey, a specialty which he embraced with his usual enthusiasm.

His straightforward dealings with his patients endeared him to all but a few, but they had to put up with his somewhat eccentric behaviour and clothes. On the other hand, if a patient was ill, then his involvement was complete at whatever time of day or night. He had many other interests, he was a keen shot and this led to training Springer Spaniels as gun dogs and for field trial championships. He became very successful at this and his ability to handle dogs was uncanny. His experience and knowledge was well recognised in the gun dog world and he frequently judged in field trial championships, and was also on the Council of the Kennel Club.

Rather late in life, he took up painting wildfowl, mainly in oils and was self taught. The results were rewarding, accurate and full of atmosphere. He was painting from experience. He had many other interests including a love of jazz and, rather surprisingly, the life of Wellington.

The things that have happened to Duggie will be remembered by countless friends and acquaintances. To be driven by him was an experience and his whole life seemed to be like that; an enthusiastic adventure. He was courageous, almost aggressive at times, and yet he will be remembered most for his kindness and generosity, his ability to make friends and his unbounding enthusiasm. He will be missed most by his wife who nursed him throughout his long last illness and his three daughters and his son.

C. H. K.

Henry Rosenberg, O.B.E., O.St.J., B.A., M.R.C.S., L.R.C.P., F.R.C.G.P.

Henry Rosenberg died suddenly at his home in Worthing on June 14th, aged 75. He was born in the Northern Transvaal, the son of John and Jenny, and educated at Marist Brothers College, Johannesburg. He matriculated at the age of 17 when he entered Witwatersrand University, where he obtained a B.A. in Classics in 1925. He was a Transvaal and South African trialist at scrum half, but a rugby injury to his ankle was followed by osteomyelitis and he had a right leg – upper thigh amputation.

He entered Guy's Hospital in May 1925, during which time he played cricket as wicket keeper and also swam. He was at Guy's until January 1932, and had an excellent record both in pre-clinical and clinical period of study, gaining the Hilton Prize for dissection. Shortly after he qualified, he was made House surgeon in the Ear, Nose and Throat Department with locum duty in the GU Department.

On leaving Guy's, he came to Worthing Hospital and was House Surgeon to Mr. R. Brooke, acting as Resident Medical Officer where he had charge of 70 surgical beds, undertaking major surgery and work as an anaesthetist for a year. During this time, he showed particular aptitude for morbid pathology, and was highly thought of for his skill and thoroughness of work.

On leaving Worthing Hospital, he joined the practice of Dr. Crabtree in Liverpool Gardens, and in 1934 set up on his own in South Farm Road. In 1941, he married Mary Averill and the following year they moved to Field House, 2 Bulkington Avenue where he continued to practise. The practice rapidly grew, and he was joined by new partners in 1948, 1956, 1958, 1959 and 1961, until the practice grew to seven. He took a great interest in activities in Worthing – he was President of Worthing Swimming Club, medical adviser to boxing events and President of Worthing Rugby Club. He was also Vice-Chairman to Sussex Rugby Football Union, and medical adviser to the Red Cross, and Divisional Surgeon of the St. John's Ambulance Brigade.

He was appointed by the Local Medical Committee to serve as a member of West Sussex Executive Council in 1947. He became Chairman of the Executive Council in 1970, and of the Family Practitioner Committee when established in 1974. He was President of the Society of Family Practitioner Committees in 1972/73 and received the O.B.E. the same year. He was associated with the police force during the war years, and acted as medical officer to a mobile rescue unit and was involved in surgery associated with bombing incidents in Worthing. He was appointed Police Surgeon in 1944 and was a member of the Police Surgeons' Association of Great Britain, and is immediate past President of the Association.

He had a coronary thrombosis in 1958, but came back to practice, and continued with his usual vigour. He retired from the Group Practice in 1978, continuing limited general practice, and to be Worthing's Police Surgeon.

He leaves a widow, two daughters – Elizabeth and Helen, and a son, Morris.

J. D. C.

Clubs' Union News

Ah Alas – if only I had known. I should have gone to the *Gazette* Editors for prophetic advice on that infernal Toga Party at the end of term. It is apparent from their italicised note in Guy's monthly scroll, that they had sacrificed a couple of pigeons at the last editorial meeting and had realised on gazing into the entrails that the event was doomed *(No need to; however if you want to offer yourself . . . Eds.).*

As the thunder and lightning rolls and streaks over the city, the awful truth that summer is here becomes apparent. John's Megastore has closed down until some time in October. Just before it did, I was audience to John's *amazing sales technique.* An unsuspecting junior doctor needed a pen torch and chanced to find the shop open. Five minutes later, he walked out with a patella hammer, a Guy's pullover and a pen torch!

Sarah Wollaston is already contemplating next term's social programme and is leaving the country. Freshers Week is on its way; Neil Roberts and Mark Batterbury are looking after the Handbook for this year. Make sure your club has an entry this time.

One body of people will be working hard over the next few weeks – the Stephen Duckworth Appeal Fund Committee. This group has recently enlisted the help of Sarah Maynard – a lady of extreme efficiency and organisational capabilities. The various members of the committee have been working towards the International Rugby Match on October 10th at H.O.P.

Remember that date: October 10th, International Rugby Match, Honor Oak Park. A lot more will be said about this event in the near future.

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Dental Notes

by **A. D. Robinson**

Dental Sedation — Interview with Mr. I. A. Nelson and Miss A. M. Skelly

A.D.R.: First, let me congratulate you, Meg, on the excellence of your presentation of this subject to the meeting of staff of the Department of Conservative Dental Surgery, the other day. Can we recapitulate for the readers of the *Gazette*? What is your official title?

A.M.S.: My official title is Demonstrator in Clinical Dental Surgery. My remit is to research and teach sedation techniques and pain control in dentistry.

A.D.R.: Are you whole time?

A.M.S.: Yes, it is a whole time appointment for two years.

A.D.R.: Will you summarize what you said about the scope and usefulness of sedation in dentistry, as you see it – we are not talking about anaesthesia, are we?

A.M.S.: *No, we are quite definitely not talking about general anaesthesia.* Conscious sedation techniques utilise carefully tolerated doses of drugs with a wide margin of safety as far as maintenance of consciousness and protective reflexes are concerned. They are sedatives and anxiolytic so that dentistry becomes possible for those patients whose fears and anxieties prevent them from accepting operative treatment even with good management and effective local analgesia. Maintenance of consciousness not only ensures safety, but also permits the dentist to encourage and educate his patient with a view to rehabilitation.

Our aim is to use conscious sedation only for those persons for whom other management has failed and to convert as many as possible of them into "normal" patients.

A.D.R.: Ian, would you like to add anything to that?

Your position in regard to this scheme is one of adviser, is it not? You have much experience in your own practice over many years.

I.A.N.: It sounds very grand to be referred to as an adviser and, in fact, Meg needs no advice from me – but you are right, I have used intravenous diazepam for 12 or 13 years, having had a brief introduction at a weekend course run by the Society for the Advancement of Anaesthesia in Dentistry. This Society was, and still is, frowned upon in some quarters, but it provides most of the post-graduate teaching on this subject, which is available to general dental practitioners unless they are prepared to desert their surgeries for longer full-time courses. Relative analgesia is a more recent addition, perhaps 7 years ago or so.

A.D.R.: You told us, Meg, that virtually all the students are now being involved in this teaching. They get about eight 1½ hour sessions. Do you think they will be sufficiently experienced to use these methods in practice when they qualify?

I.A.N.: No, we emphasise throughout that this course is merely a short introduction and that supervised post-graduate experience is essential. However, a practice where these techniques are used should welcome a new colleague who has learned the basic techniques and, on the other hand, the young graduate may be able to assess more critically the need for sedation in individual cases. Anyway, they get rather more than you stated; there are 12 hours of formal instruction plus opportunities to treat patients of their own.

A.D.R.: Do you ever find a patient so nervous that you cannot even get near enough to sedate him or her?

I.A.N.: We have had patients who failed to keep appointments, but, once that hurdle has been surmounted, our luck in patient management has held, so far. Of course, there are some patients who fail to respond to sedation sufficiently for dentistry to be carried out satisfactorily, but these are very few.

A.D.R.: What about premedication by mouth?

A.M.S.: I am sure that this has a valuable place in the spectrum of anxiety control. Some patients are, of course, effectively "ready premedicated" as they are taking drugs prescribed by their medical practitioners.

Oral benzodiazepines, such as diazepam, can be helpful in certain patients and for others we use them in conjunction with either inhalation or intravenous techniques. Obviously, the effects of oral premedication are less predictable than more immediate techniques. Recently, there has been interest in the use of ß – blocking agents as anxiolytic premedicants for dentistry, but I have no experience of this.

A.D.R.: How would you rate the presumably increased difficulty of carrying out dental restorations on patients under sedation?

I.A.N.: You are wrong in your supposition. For the sort of patients we are sedating, dentistry would otherwise be impossible or anyway of a very low standard.

A.D.R.: You are using essentially two methods, intravenous diazepam and inhalation nitrous oxide. These are totally different techniques. Would you advise students to attempt to use both methods or to concentrate on one?

A.M.S.: We find it very useful to have both techniques – and the oral drugs – to choose from, because different techniques suit different patients. Occasionally, we may make use of more than one method for a patient in a single course of treatment.

A.D.R.: Supposing you were asked which of the two methods you would advise to someone who was only willing to practice one, which would you advise? Or how would you decide which one to advise in given circumstances?

A.M.S.: A difficult question to answer! A practitioner must, of course, use a form of treatment with which he or she is familiar and has experience. Individual circumstances which might influence such a choice would include personal preferences, local patient population needs and expectations, surgery facilities and the standards of ancillary help available.

A.D.R.: In your handout, you indicate that N_2O for a sub-anaesthetic technique was popularised in the U.S.A. by Langa in the late 1940's. I can remember it being tried by at least one member of the Guy's dental staff when I was a student in the early 1940's, but it did not catch on. There must be something about modern techniques which makes it more effective, nearly 40 years later. What do you think that is?

A.M.S.: The machines we have are specifically designed for relative analgesia and they are virtually foolproof. Perhaps the anaesthetic machines used then were more difficult to adapt to the technique. Were they demand – flow machines of the Walton type? With these it may have been more difficult to regulate the rather low concentrations of N_2O that we use. Perhaps the technique proved unsuccessful if it was used without local analgesic supplement. The higher concentrations of N_2O needed to induce analgesia may have been unpleasant for the patient and operating without analgesia certainly would have been. We now use N_2O for relaxation and sedation only. The local analgesic provides pain control.

A.D.R.: I suspect your last point hits the nail on the head. Thank you both for an interesting talk.

Would it be appropriate to finish by just mentioning a paragraph in the *B.D.J. Supplement* of 16th March, 1982 reporting a warning by the President of the General Dental Council of the "dangers of undertaking not only anaesthetic, but all forms of sedation techniques" by those who are not fully competent and do not have adequate facilities and back-up staff.

The United Hospitals Club

The Chairman's Speech delivered by Dr. J. Michael Hall, Senior Anaesthetist to Guy's Hospital, at the 550th Meeting on the 4th March 1982.

Gentlemen,

"To keep alive the traditions and memories of the past; to perpetuate old and to create new friendships; and to prevent the extinction of the brotherhood that had for nearly a century . . . existed between the neighbouring hospitals of St. Thomas' and Guy's, were the prime objects of the United Hospitals Club at its inception on February the 14th, 1828. . . ."

So runs the opening paragraph of Golding Bird's History of the Club, a very precious book, carefully guarded by our Secretary and available, on loan, only to those about to suffer the ultimate "ordeal by port" – otherwise known as the Chairmanship. When visualising this moment, during the past few weeks, my sole consolation has been the thought and the hope that the critical appreciation of so astute and percipient an audience as I now face may be so modified by the port, that the majority of my more inept solecisms may pass unnoticed.

The background to the formation of the Club was the quarrel over Astley Cooper's successor to the Anatomy Lectureship, with the consequent initiation and subsequent spread of the rupture between the two hospitals. This led to the foundation of an independent Medical School at Guy's, and the final separation of the two hospitals consequent upon the move of St. Thomas' away from the Borough (this itself being necessitated by the extension of the railway line from London Bridge to Charing Cross) and the rebuilding of St. Thomas' on its present site. These are matters well known to most of us in this room, and certainly to those who have previously taken this Chair. They will, I am sure, be relieved to hear that I do not intend to cover this relatively familiar ground tonight.

However that may be, there is no doubt that 22 gentlemen met on that important Valentine's Day in 1828, at the London Coffee House on Ludgate Hill; they dined, and they formed themselves into a meeting, which then voted this Club into existence. Tonight, we celebrate the 550th repetition of this event. Of the 22 gentlemen present, 16 were apothecaries taken from both hospitals. Of those representing the Staffs of the Hospitals, St. Thomas' was represented by Frederick Tyrell and by John Flint South; it is to the latter that we are indebted for much of the early history of the 19th century as it affected Guy's and St. Thomas'. Representing Guy's were Samuel Ashwell, Thomas Callaway, Thomas Bell, and John Morgan. When reading of this last gentleman, I was fascinated, as an anaesthetist, to discover that he had employed nitrous oxide in the treatment of a case of tetanus.

The first half of the 19th century was the period during which the initial hesitant steps were being taken towards the use of agents for the promotion of unconsciousness and the relief of pain during surgery. And so it was intriguing to find a link between one of our Founder Members, a Guy's surgeon of considerable repute, and the early employment of nitrous oxide, an agent still in common use in anaesthesia today. Whilst attempting to discover more about this matter, I found myself wondering who it was who might have influenced Morgan in his choice of such an agent.

At the beginning of that century, there was, working at Guy's as a Lecturer in Chemistry, a remarkable man called William Allen. A Guy's student in the 1770's, Allen was appointed Lecturer in Chemistry in 1802 and remained, subsequently as a Professor in that subject, on the staff of the hospital for 25 years. Well loved, deeply religious, and with the firm conviction of the scientist that little advance can be made in the absence of experimentation, he arranged, in March 1800, a meeting at which were present Astley Cooper, (then approaching the height of his powers) and a Guy's dental surgeon called Fox who, in addition to being a close friend of Allen's, was almost certainly the first dentist in England to write a scientific treatise on the structure and function of the human teeth. The object of this meeting was for the gentlemen present to experiment on the effects of inhalation of the gaseous oxide of Azote, now more familiarly known to us as nitrous oxide.

Allen's diary for March 1800 contains the following entry:

"Present Astley Cooper, Bradlye, Fox and others. We all breathed the

gaseous oxide of Azote. It took a surprising effect upon me, abolishing completely at first all sensation; then I had the idea of being carried violently upward in a dark cavern with only a few glimmering lights. The company said that my eyes were fixed, face purple, veins in the head very large, apoplectic stertor. They were all much alarmed, but I suffered no pain and in a short time came to myself."

This meeting occurred one year after Humphrey Davy, having been appointed Superintendent of the famous Pneumatic Institute in Clifton, Bristol, published his book "Researches, Chemical and Philosophical: Chiefly Concerning Nitrous Oxide". He had been experimenting for about 3 years before this, on the effects of its inhalation; for although the agent had been discovered almost 27 years previously by Priestly, little was known of its properties. Davy writes *"The power of the immediate operation of the gas in removing intense physical pain, I had a very good opportunity of ascertaining. In cutting one of the unlucky teeth called dentes sapientiae, I experienced an extensive inflammation of the gum, accompanied with great pain, which equally destroyed the power of repose, and of consistent action. On the day when the inflammation was most troublesome, I breathed three large doses of nitrous oxide. The pain always diminished after the first four or five inspirations . . ."*

Clearly these findings were the stimulus to Allen for his experiments. Thus it was a Guy's man who was among the first to appreciate, if only in a general way, the potential of nitrous oxide as an analgesic agent. I cannot leave this brief description of Allen without quoting from his final lecture to his students given on the 28th May, 1826, two years before this Club was founded, when he concluded the talk with some general words of advice to his audience. I quote his words because, although the style is slightly archaic, they seem to me to be timeless and to describe so well some of the obligations involved in being a good doctor. He said *"And I need not tell those who are engaged in the medical profession how many opportunities they have of exercising the best feelings of the heart. They will be called to see human nature under the most afflcting and trying circumstances. It is when the mind is subdued by misfortune, and when the body is oppressed with disease and pain, that the value of the balm of sympathy is most fully appreciated. He who is qualified to administer it under these circumstances may be regarded as an angel of mercy, a delegate from heaven. Your profession is a liberal one, and it is expected that your conduct shall do honour to that profession. It is not enough that you merely bring to it that knowledge which is essential to the cure of diseases. Suffering humanity requires something more: it requires soothing manners, it demands sensibility of heart, and those exalted feelings which distinguish the man and the Christian. These qualifications are necessary to the complete character of the medical man. . . ."*

Although, as I have said, Astley Cooper was present at the meeting arranged by Allen, it is interesting to note that surgery at Guy's was still undertaken, for many years to come, without the benefit of any rationalised analgesia. It is perhaps not unreasonable to suppose that Allen's alarming appearance may have been a contributory factor in causing Cooper to hesitate. John Snow, who was certainly, after Morton, considered to be the first whole-time anaesthetist, wrote a retrospective article in the *British Medical Journal* in 1858, from which I now quote. *"The medical officers of Guy's and St. Thomas' Hospitals had a strong objection to narcotism by inhalation for the first two or three years after the practice was introduced, and chloroform was used much less frequently in these institutions than in the rest of the hospitals in London; yet it was in those two hospitals that two deaths from chloroform occurred before any such accident had happened in any other hospital in this Metropolis. . . ."*

The apparent reticence of our two hospitals to undertake these new methods must be judged against the background of the prevailing views on pain which existed at the end of the 18th, and the beginning of the 19th century. For during this period, pain was regarded as an inevitable, and even beneficial, adjunct of surgery. Certainly, pain and suffering were held to be of little account, the degree of pain suffered being far less important than the fortitude with which it was borne. It would be easy for us to condemn Humphrey Davy, realising as he did that nitrous oxide represented a significant potential for the relief of surgical pain, for not having the vision to make use of his discovery. But, in so doing, we would be investing him with our 20th century outlook on the importance of pain and its relief. George Bernard Shaw said *"The reasonable man adapts himself to the world; the unreasonable man insists in trying to adapt the world to himself. Therefore all progress depends upon the unreasonable man."* Humphrey Davy was a reasonable man.

I was, however, anxious to discover what early contributions to progress had been made by our two hospitals, and was initially surprised and disappointed to discover how little had been actually written down about it. The discovery in America, in 1846, of ether as a substance with anaesthetic properties when Oliver Wendall Holmes originated for it the term "anaesthetic"; the observation, in the subsequent year, by James Simpson in Edinburgh, who was suggesting chloroform as an alternative to ether; and the general interest which these matters must have generated at the time, seemed to me to indicate that this was a two year period when the whole subject was gaining momentum for another move forward.

With this in mind, I first turned to St. Thomas'. Parsons, in his *"History of St. Thomas' Hospital,"* writes *"There can be little doubt that chloroform was used at that time but since no surgical reports were published by the hospital during that period, no record remains and we are left to picture the enormous change which came over surgical practice in that year."* Parsons is, in fact, referring to 1847. He goes on: *"Chloroform was still in use even for major operations in 1856, for in that year South tied the aorta of a man receiving it as anaesthetic."*

The only other clue to progress at St. Thomas' is to be found in the diary of a clerk working in the steward's office, in which an entry, dated 1849, quotes that there was to be an inquest on the body of John Shorter, who had died from the effects of chloroform given during an operation for the removal of an ingrowing toenail. This, I think, is almost certainly one of the two deaths mentioned by John Snow. *"This"* says Parsons, *"is the only* *mention of the introduction of anaesthetics at Thomas'. One would like to have found some account of the first operation undertaken with their aid".* Indeed one would, I thought, and turned my attention to Guy's.

My fairly close scrutiny of John Morgan, the Founder Member who, as surgeon to Guy's, used nitrous oxide in the treatment of tetanus, led fairly naturally to my giving close attention to Aston Key. Although I can find no record of Key having at any time been a member of the Club, I feel that he would have made a very suitable one. He was a man of considerable enthusiasm, of exceptional surgical ability, an apprentice to Astley Cooper and, so far as his appointments to the Guy's staff were concerned, an exact contemporary of Morgan's. They both lectured on surgery at the time of the opening of the Guy's Medical School, and continued to share this task for many subsequent years. An almost casual allusion in Wilks and Bettany's *Biographical History of Guy's Hospital* to the fact that Key was the first surgeon to use anaesthesia at Guy's excited me greatly.

Anxious to discover further details, I searched extensively both in the literature and in the hospital archives, and was about to resign myself to failure, when Mr. Andrew Baster, one of the two Assistant Librarians at Guy's, who had already given me much helpful guidance and who, I suspect, was becoming a little weary of my repeated visits and enquiries, asked me if I would be interested to see some of the "green books". If you will forgive me a quick aside, the green books require a moment of explanation.

At the time of the foundation of the Medical School, the student acquired an acquaintance with disease only by "walking the hospital", a process which consisted merely in being permitted to look at the cases and to hear the remarks made about them by the medical attendant in charge. In the same year as the Club's foundation, Dr. Addison, discoverer of the famous disease which now bears his name, instituted a systematic method of case taking, in combination with his clinical lectures. Thus a modest start was made on the classic clinical exercise of history taking in combination with physical examination. The next step along this road of progress was the establishment of the Clinical Report Society in 1836, which was supported by students who were instructed to report their cases to the surgeon or physician to whom they were allotted. Descriptions were written out on special forms, and subsequently collected by a paid clerk who preserved them. The Clinical Report Society was however, a voluntary one, and it was not until 1847 that case-taking for students was incorporated as a compulsory feature of the regular education undertaken by the School. In that same year, small green books were substituted for the separate forms, and all clinical notes entered in these. Because of their personal nature and portability, many of these books were taken home by students and thereby lost for all time. Perhaps, therefore, you can imagine my considerable excitement when, having shown an immediate interest in these, Mr. Baster produced for me a small green book on the spine of which were clearly printed the words "Mr. Aston Key". Among the yellowing pages and faded ink longhand which the book contained I eventually read as follows. I make no excuse for quoting the relevant page in its entirety.

"November the 23rd 1847. The patient being in good health Mr. Key removed the arm by the circular operation. The effect of the new anaesthetic agent chloroform was tried for the first time in this hospital. There was a little difficulty at first the patient complaining of its choking him. However after a few minutes inhalation through a flask he was rendered insensible, but somewhat excited as though drunk. The arm was removed by the circular operation about the upper third of the humerus – he quickly recovered from the effects of the chloroform and said he had felt no pain whatever.

8.00 p.m. Going on well, pulses rather quick with a little thirst.

24th. Very little fever.

25th. No bad symptoms of any sort.

December 5th. Stump healing rapidly.

December 16th. Quite well and going out tomorrow."

The author of this fascinating, and, I suspect, exclusive glimpse of history will presumably always remain unknown since no sign of his name appears in the record.

It is clear that chloroform was accepted in the 1850's, and in fairly common use. A fascinating account, in the *Guy's Hospital Reports*, of the first gastrostomy ever performed by J. C. Forster on the 26th March 1858, begins with a discussion about the anaesthesia, or rather the lack of it. Forster writes *"It will be observed that chloroform was not administered, although this agent has been lately described as a beneficial stimulant . . . However I know of nothing more likely to produce unpleasant consequences such as vomiting, or great prostration, or even death in such a patient."*

Just over 10 years ago, B. T. Jackson, a Thomas' man and fellow Member of this Club, submitted a prize winning article to the *Guy's Reports* in connection with a medical history competition between Guy's and Thomas'. I am delighted at the opportunity for quoting from that article. Jackson writes *"Operations in the 1870's were bloody and dangerous, though they had been painless since the introduction of anaesthesia in 1846. Chloroform was the agent of choice in both hospitals"*. Perhaps this was yet another example of the unison between our two institutions. Jackson continues *"It was administered by the house surgeon using a modification of Snow's inhaler. A full-time anaesthetist was not appointed until 1878 at St. Thomas' and 1894 at Guy's. St. Thomas' had an adjacent room for inducing anaesthesia, but this was unusual. Most hospitals still anaesthetised a blindfolded patient on the operating table in full view of the audience."* Although almost routine, anaesthetics were still apparently not without their problems. Jackson quotes Forster, as I did, but this time writing in the 1873 Guy's Reports *"One needs one or two able assistants at hand for the struggling is usually very violent and this recurs after the operation, so that much disturbance, accompanied by shouting and yelling will sometimes continue for half an hour or more."*

In spite of this rather gloomy observation on chloroform, it is clear that the late 1870's represented the beginning of a new age in surgery. Two main factors contributed to the all-round improvement which occurred. Firstly, the gradual, albeit rather grudging, acceptance of Lister's antiseptic principles with the consequent reduction in the rate of infection; and secondly the almost total dependence now put upon general anaesthesia, obviating as it did, the necessity for ultra-rapid surgery, with its consequent inaccuracy and heavy – often fatal – blood loss.

The publication of the *Guy's Hospital Reports*, to which I have already made numerous references, seems to have resulted in the generation of a certain amount of self-confidence and pride on the part of those working at the Hospital. Certainly it would appear that Guy's men, during the middle of the 19th century, had a rather high opinion of themselves. A copy of one of the *Lancets* for 1862 contained a review of the Reports of that year. It states *"So long as Guy's Hospital can point to this regular issue of good, practical reports, amply illustrated and well printed, it may be somewhat excused for that air of self-laudation which it is general admitted is one of its characteristics. The officials of that Borough Institution are supposed to believe that there is nobody like unto them; that they constitute, in fact, la creme de la creme of hospital society."* Perhaps this quotation from that old edition of the *Lancet* may be the Thomas' answer to that well worn dictum of Guy's men "you can always tell a Thomas' man, but you can't tell him much".

Admittedly, this self-esteem was treated in a light-hearted fashion but, viewed more seriously, it seems to me that, running through this account of some of the men involved in these exciting times, there exists a common thread. That thread is the quality of excellence. Further examples of this quality are hardly required, but perhaps I may quote one more. Joseph Warner, Surgeon to Guy's from 1749 to 1790 (an unusually long career in such a post, in those days) writing in the preface of his textbook of surgery, demonstrated his appreciation of the need for excellence and of the part that research should play in the work of any great teaching hospital. He wrote: *"A Hospital is not only an instrument of relief to the distressed who are immediately helped there, but also a means of helping others, by furnishing such principles and practice as may improve the art of surgery and thus render the benefit more general"*. These words were quoted more recently by the late Lord Brock, himself an outstanding personification of professional excellence, and a past member of this Club, when acting in his capacity as Editor of the *Guy's Hospital Reports*. He included Warner's quotation as a preface to every issue published during the 20 years of his notable editorship.

Over the past few decades, it has apparently become fashionable in some quarters, both politically and socially, to belittle this quality of excellence; to represent it, quite wrongly, as vanity and so attempt to diminish it, to cheapen it, to disguise it, and to submerge it in the stagnant pool of mediocrity. It is not so long ago that a former Secretary of State, frustrated by the profession's tenacity for high principles of service, stated that doctors were demonstrating by their behaviour the worst aspects of "elitism". Even one of our own medical colleagues has, when referring to the teaching hospitals, coined the phrase "centres of arrogance" as his version of the term "centres of excellence". The reason behind these attitudes is not difficult to find. In his excellent John Snow Memorial Lecture of 1980, Sir Cecil Clothier, Health Service Commissioner for England, Wales and

Scotland, explains the motive with great eloquence. He said *"The first and probably the least bearable price of excellence is the envy of others. Envy takes many forms, foremost amongst which is hatred of excellence. In that form I fear that it may be the commonest sin of our day. Envy inspires and infests the most repressive political ideologies of our time and makes them superficially attractive to the mediocre. Envy detests excellence simply on the ground that it is neither available to, nor obtainable by, everyone; and envy therefore seeks to destroy the heights of education, medicine, music, painting, architecture and indeed every field of human endeavour in which men and women feel the natural urge to excel."* I would not attempt to compete with such an excellent description of the point that I wish to make, and can only close the matter by saying that the desire to excel is a normal instinct, implanted in all men and women regardless of their intrinsic abilities, and one without which very little forward progress would be made in any sphere of human activity.

No speech from the Chair would be complete without a word of warm welcome to our guests tonight, and indeed I do welcome any gentleman, either qualified or non-qualified, who may be dining with us in that capacity. I hope I may be permitted the luxury of extending a special welcome to my two guests, the gentlemen whose seats flank mine. I am especially delighted that they are here tonight, firstly because they are both good friends of mine, and secondly because their presence is in a sense symbolic. Dr. Carnegie on my left is an Emeritus member of the Guy's staff, having previously been a Guy's student, and can therefore in every sense be called a Guy's man. Dr. Burns, with whom I was a contemporary when we were both members of the junior anaesthetic staff at Guy's, was subsequently appointed to the St. Thomas' consultant staff and is therefore truly a Guy's and a Thomas' man, a memorable combination I am sure you will agree.

Finally, there would seem to be no more fitting a time than this to tell you that the complex and delicate negotiations directed towards the union of our two Medical Schools have reached the stage at which that union is a virtual certainty. History has surely now moved in a full circle. That original United Medical School, split as it were, by the rupture between our two hospitals a century and a half ago, is now probably to revert to that original state, and become once again a functionally single, united Medical School.

The United Hospitals Club, formed in the words of Golding Bird which I brought to your attention at the beginning of this speech *"to prevent the extinction of the brotherhood"* between Guy's and Thomas', has demonstrably succeeded admirably in this aim, and has bridged, with distinction, the one hundred and fifty year gap between these two momentous events. Let us hope that we can now look forward, far into the future, both to the continuation of that brotherhood, and to the success and prosperity of our new Medical School which I am sure, in terms of the quality of excellence, will be one second to none.

Gentlemen; I would ask you to be upstanding with me in order that we may together drink to the toast, which is: "The United Hospitals Club".

Dental Society Report

"Difficulties in Crown and Bridge Work – Mr. J. McCormack, D.D.S., B.D.S.

Reported by Douglas Miller.

This meeting, held on 2nd February in the Tower Lecture Theatre, was a real education. Professor Rowe, who introduced the speaker, was pleased to see that so many people had defied the ASLEF strike. Mr. McCormack trained at Guy's (1954-58), following which he did a house job here and then went to Toronto. He obtained a Doctorate in Dental Surgery there, and on returning to this country he became a part-time demonstrator at Guy's. Mr. McCormack now works full-time in a West End practice and has specialised in crown and bridge cases.

Mr. McCormack began by showing slides of the new Toronto Dental School, and pointed out that its facilities were very good, but those at Guy's were in no way inferior. Mr. McCormack kept records of all his work; he has a file of slides. But rather than start off with his own crowns and inlays, he showed the audience several slides which traced the history of early restorative dentistry. The concept of inlays is by no means new. Evidently, Indians made inlays over a thousand years ago. Mr. McCormack showed a slide of a jadite labial inlay in an upper central incisor, in the arch of an Indian's skull. It had been placed there for cosmetic reasons. Although it didn't fit too well and had a poor cement margin, it had remained in place.

Dahl and Peck filled anterior teeth with rod-shaped porcelain inlays approximately one hundred years ago. They filed holes in the teeth by means of a treadle drill. The standard of their work was very high, the margins of these restorations really were beautiful. There is no reason that gold restorations should not last many years, provided that they are well made and the oral hygiene procedures of the patient are competent. To this end Mr. McCormack showed a slide of an inlay that had lasted fifty years, and bridges that had lasted up to twenty years, still with excellent margins and retention.

The audience was next told of several useful tips for when advanced operative techniques are carried out. When making several restorations on lower peg-like incisors, gold copings may be fitted over the tooth substance. The aesthetic super-structure is then temp-bonded into place. If any of the incisors become troublesome in the future, the super-structure may be removed and the offending tooth dealt with; following this, the super-structure can be re-cemented.

Mr. McCormack uses several kinds of coping. Transfer copings are used to accurately and rigidly locate dies in impressions, and corrector copings are used to parallel one preparation with respect to another, for bridgework. His technicians, on finding an abutment tooth preparation which is not quite parallel with another on the model, will make a windowed sleeve (corrector coping) over the die stone preparation. That area framed by the window is the one which does not allow for a single path of insertion for the retainers.

Once the sleeve is placed on the tooth in question, the windowed area may be excised. The reader may wonder why a fixed-movable bridge is not used as a solution to the problem of different paths of insertion, but Mr. McCormack prefers fixed-fixed bridges, he states that they are more stable.

The key to good crowns is gingival control and packing. Mr. McCormack uses racestyptin in conjunction with retraction cord, and while this is taking effect, he finishes the patient's temporary crowns. Before taking secondary impressions, the special tray is marked with the patient's midline, so that it may be seated correctly. Elastomeric impression pastes, whilst on the mixing pad, should not meet until mixing is commenced, otherwise partial setting will occur and give rise to distortion in the resulting impression. The mixing of the pastes should be thorough or a poor set is likely to occur. Mr. McCormack uses reversible hydrocolloid; this is slightly water miscible (blood and saliva being incorporated in the impression). This impression material flows well and, in the long run, is considerably cheaper than elastomeric materials.

Women on the contraceptive pill apparently do not have as much progesterone in their bodies as normal. This makes their oral tissues more friable. Once damaged, the gingivae will not heal that well, and this may be a reason for visible margins when fitting porcelain crowns.

If porcelain pontics have a bulky cervical margin, they can act as "cabbage traps" and accumulate food matter. The bulkiness can be filed down so that the neck of the pontic fits flush with the saddle area mucosa. However, this sometimes gives an appearance which the patient finds unacceptable. In such a circumstance, a removable acrylic flange may be used to cover the necks of the porcelain work; alternatively a flange can be made in porcelain.

Because porcelain can only be stained and glazed a limited number of times, it is difficult to colour match anterior porcelain bridge pontics on a regular basis, where the abutment's colour is liable to change (thus necessitating frequent staining). In this instance, a removable acrylic prosthesis connected *via* ceka precision attachments may be used. In one such case, a Buffman Milled bar was fitted across the ceka attachments, to support the acrylic work.

Occasionally, Mr. McCormack's patients are wealthy enough to have very elaborate restorative work done and this gives him the opportunity to "go to town" as regards the treatment. One patient who needed several upper teeth replaced with prostheses, was fitted with a gold partial denture. The patient disliked palatal coverage, so Mr. McCormack decided to employ the channel shoulder-pin (C.S.P.) system. This is a system of circumcoronal precision attachments and was designed by Steiger and Boitel. The C.S.P. system formed a retainer substructure in the posterior part of the arch, to which jacket restorations connected to pontics were fitted. A removable section was fitted anteriorly. This is an extremely difficult procedure, for in such a case not only every preparation must be parallelled, but also taxing occlusion problems must be overcome.

When asked if his ceramic bonded work tended to fracture, Mr. McCormack said fracture did occasionally occur, but he took precautions to help avoid this. He adjusts the patient's occlusion before commencing treatment to alleviate any slide in centre occlusion and he uses high gold alloy V.M.K. crowns, as these are stronger.

A hygienist at Mr. McCormack's practice sees his patients, to ensure that good oral hygiene is maintained before and after treatment.

Crown and bridge work at this level is very much of a post-graduate nature. If one is to do such extensive work, the proper courses must be attended. But Mr. McCormack was quick to point out that a dentist is no better than his technician, thus it is important to find a good one. It was fascinating to see what a specialist in this field is capable of performing under difficult circumstances; and it was interesting to note that a lot of Mr. McCormack's success stems from a sound knowledge and application of the basic principles involved.

The meeting was kindly sponsored by Bayer Products Ltd.

When reporting for the Guy's Hospital Gazette, *as faithful an account as possible is written of the proceedings at a meeting. If the article describing the elective in Kenya in last month's issue was taken to be offensive in any way, I would like to offer my apologies, particularly as Guy's has such close and cordial relationships with the Dental School in Nairobi.*

Caption Competition

The photograph below is reproduced by courtesy of The Guardian; *suggestions for a suitable caption are invited.*

We need
12%!
COHSE

"Anyone for tennis . . . ?"

Idiopathics

by Timothy Houlding

The art of purveying useless pieces of information has long rested in the province of the politicians and the press men. The noble and scholarly traditions of the *Gazette* have so far forbidden the practice of publishing such tantalising prose; now, for the first time in our long and illustrious history, we are to indulge ourselves.

Did you know that the Royal St. George's Golf Club at Sandwich was founded in 1887 by Dr. Laidlaw Purvis, ophthalmic surgeon to Guy's Hospital? Dr. Purvis, a keen member of the Royal Wimbledon Golf Club, recognised the potential qualities of the sand-dune cluttered landscape of Sandwich Bay in 1885, and declared that he had found the best piece of land for a golf course in the whole of the south of England. Dr. Purvis enjoyed wielding a pen as well as a golf club and distinguished himself by translating *"Robinson Crusoe"* into several languages.

While on the subject of golfing divotees (whoops!), Dr. Nigel Gracey, Cambridge and Guy's, is consultant optimologist to a number of our young touring professional golfers. Dr. Gracey has developed a technique to enable golfers to relax and "psych-up", before entering the fray of competitive golf.

Talking of mind over motors, can anyone enlighten us as to the origin of the Guy's Hospital Coachwork Competition, held at the Brooklands Racing Circuit in the 1930's ?The only information we have is that the 1932 event was won by a 2-litre Lagonda owned by Michael Couper, formerly a partner with Sir Henry (Tim) Birkin of Bentley racing fame.

Forgive me for dwelling on the carriage business for a moment, but the grapevine has revealed an unusually heavy bias towards old motor buffs among the freshers. Andrew Mitchell, who has joined us as a dental student, has spent several years rebuilding a 1934 Austin Seven, and the jungle telegraph has also identified an elderly M.G. enthusiast in our midst. Such information has been greeted with delight by your assistant editor, who will be challenging them to a ten lap handicap sprint round the Consultants' car park in his vintage Bentley!

Quodlibet Society

On Thursday, 6th May, the Quodlibet society was privileged to have Mr. John Alderson, ex-Chief Constable of Devon and Cornwall, present a lecture on "Social Attitudes to Modern-day Policing."

Mr. Alderson began by thanking the Society for inviting him, and said that not only was he honoured, but he was also encouraged that medical and dental students should find the problems of policing of interest.

He then continued to give a brief history of instrumentation of the law; from the revenge policy of the Anglo-Saxons, to the military style of the

Cromwellian era, and he commented on how there had been very recent demands for today's police forces to act more in the vein of the latter.

Mr. Alderson then went on to question the efficacy of our present policing system. Even the threat of three hundred capital crimes did not deter would-be felons, but rather the fear of detection, he said. He pointed out that in a free society, such as ours, there was a conflict with those who seek to abuse their freedom; our present social revolution had just as many difficult ramifications as the earlier industrial upheaval.

In society, there were pressures to turn to crime, he stated; this was not unnatural, but, however, was unacceptable. He mentioned that great care must be taken in reviewing crime statistics; it was not surprising that black youths were frequently impugned for mugging – it was they who were on the streets, and it was they who were poor.

Mr. Alderson proceeded to talk about crime being reported to the police, and suggested that the actual number of offences recorded by the police probably represented just 15 per cent of the whole. Worse, he felt, was that statistics were used for political ends, in particular the recent revival of the hanging debate in Parliament. What should be remembered, he said, was the difference in ability of people to cope with crime: at one extreme, there were large stores which could employ armies of store-detectives, whereas those most at risk were the defenceless, such as the elderly and ill, and the very young.

Mr. Alderson turned to the problems of public disorder, with particular reference to the recent riots in Brixton and Toxteth. He did not believe that the riots were started for political, religious or racial motives, but rather they were spontaneous. This did not mean that the riots could not have been foreseen; he said that tensions on both sides had built up, and it required but a detonator – provided by the police in London and Liverpool, he admitted.

Mr. Alderson welcomed the Scarman Report, and was awaiting with interest its degree of implementation. Echoing an old maxim, he said that policing in these circumstances was far too important to be left to the police. He also said that care must be taken with escalation on the side of the police, particularly with reference to plastic bullets and CS gas. He criticised the Government for there having been no public debate on the issue.

Mr. Alderson pre-empted any questions about his reputation for being outspoken; he had long felt the need to express his views in public. After his retirement, he now was in a position freely to advise the government on policing matters, he said.

He wanted to reinforce how much social conditions affected the frequency and type of crime, and how crimes must be seen within the context of the environment in which they were committed. He applauded Mr. Hesseltine's visit, and welcomed it as an advance for the Government's attitude.

He said that despite the increased spending on the police force, the Government's embarrassment at the rising crime rate could be tempered simply by explaining that there were more officers to whom offences could be reported.

Mr. Alderson then talked about aspects of police accountability; there were several factors. Firstly, there had been an increase in professionalism, which he felt had been greatly influenced by a flood of literature from the USA; this had led to the police feeling that they had a monopoly of knowledge, and therefore power. (At this point he drew a parallel with the medical profession). Secondly, there had been a growth in the size of the police force, and he said that this had destroyed the benefits of local forces. However, there were encouraging signs; although improvements in equipment might be a trap for a free society, he saw this as an advance. In spite of this, he thought that too much time was spent on technological training compared with that on social training. He stated that the police had wide discretion of power, and that this must be used with great care.

Mr. Alderson felt that caution must be used in measuring the efficiency of police forces. Could the number of arrests possibly be a suitable yardstick? – this might well lead to much local unrest. He continued to say that he thought the police had been guilty of not adjusting to the rate of change in society, but he was sure that a controlled debate in the form of a Royal Commission would definitely help to "pull all together." The alternative, he feared, was an authoritarian, Draconian force.

Mr. Alderson felt that the real hope for the future lay in the exploitation of the innate talents of the communities. He foresaw "participative democracy at a community level." He conceded that this ideal of "community policing" would be beset by many problems, but he did stress how important interrelations with the local populace were, when the method of policing was to be decided upon.

After delivering his speech, Mr. Alderson was warmly applauded; (apparently, he was by and large preaching to the converted). He then answered several sycophantic questions about his future plans, and his attitude to media coverage of riots. To the latter question, he replied that the media are in a very powerful position, mainly due to the speed with which news could be reported. He said that the media did have a positive rôle to play, but unwise reporting could easily exacerbate an already difficult situation.

John Latimer

Haughticultural Hotstuff

Sir Horatio Hotstuff, Bt.

"Wotcha, Hotpants!" cried the inimitable firm yobbo from one of the darker corners of the room.

"Didn't expect to catch you drinking in here, Grunters – got tired of the Docbuster at the Floot and Bogger?"

'Naw, just dropped by to sample Nellie's upholstery, haven't I Nell? Becoming a bit of a connersewer, I am – all yer need is a nice bit of seat and plenty of padding out front to lean yer chin on!" Nellie was obviously accustomed to giving a very comfortable ride.

"Any road up, Hotsnot, wot yer going round with a face as sour as Spit coffee for?" The yobbo is a master of the metaphor.

"Oh, nothing really Grunters; spot of bother on the financial front – just been filibustered by my broker – touch of the old contango."

"Cor, chance would be a fine thing; Nellie's always trying to break me filibuster, aren't yer gorgeous? Mind you, Hootsnoot, get's a bit dicey when it comes to the contagio bit, specially in foreign parts – well explored territory – know wha' I mean?"

"I'm sure I don't, Grunters. Oh, by the way, are you tripping along to this guest lecture this afternoon – Dr. Archimedes Testiculus, Professor of Pangyro-orchidometry at the University of Bolsover – better known as Screwball in the international literature – chaired by Dr. Stimmulator?"

"Sounds like a load of old b. . . ."

"Ballistics of the mating habits of the lesser crested Orchid fly, to be precise, Grunters; he's a horticulturist – I want to hear what he has to say on landscape design."

"Yeah, I thought I'd heard of 'im. Som'in to do with the Flowerpot how's yer father."

"Good gracious no, Grunters! The "Slay it with Flowers" affair was forked up and spayed months ago, thanks to our super counter espionage agent, J. C. Premium Bond, who came out of it shaken but not stirred. The Big Weed got his bud nipped, his stalk crushed and was told to take two aspirins to re-inflate his pistil!"

"O.K. Hotsquirt, what's in it for us?"

"Thy's, by dear Grunters, Thuy's."

"Luvly, Hotswot, luvly! High time we had a new bit of thigh round 'ere. I mean, even if they are too snooty to tell 'em anything, least yer can show 'em. See ya, Hotsnort!"

Prescription for Discord

by Philip Dann

Nothing compares with a little abuse for brightening the pages of a professional journal. Few games, moreover, can involve such acrimony as that of playing-off one profession against another. *The New Law Journal* has recently printed a remarkable exchange of views betwen John Finch, Sub-Dean of the Faculty of Law of Leicester University, and Dr. John Barker of the Medical Protection Society. My own feeling was that Dr. Barker's contributions were better-argued than those of Mr. Finch – and a good deal less offensive.

It was Mr. Finch, however, who began the exchange on February 25th, with his article *A Costly Oversight.* He was angered by a decision of the High Court of the previous week in a case called *Dwyer v. Roderick.* As this case has still not been properly reported in any legal periodical, I shall have to rely on Mr. Finch's account of the decision.

It appears that, in 1973, Mrs. Joan Dwyer consulted her G.P., Dr. Ian Roderick, *because she was suffering from severe headaches*. Dr. Roderick diagnosed migraine, and prescribed a course of ergotamine tartrate under the brand name Migril. In Mr. Finch's words, *"Dr. Roderick's prescription went totally wrong. It was completed in a way which contained a gross error."* We are not told the nature of the error, but it was not spotted by the chemists, Cross Chemists (Banbury) Ltd., to whom Mrs. Dwyer took the prescription. They gave her Migril, *"in a container which faithfully repeated what Dr. Roderick had prescribed"*.

Mrs. Dwyer took the Migril as prescribed, and developed severe pains in the joints. She was in fact suffering from ergot poisoning. Dr. Roderick's partner, Dr. Jackson, was twice called-out to see her at home. Only on the second occasion did he diagnose poisoning, and by then it was too late: gangrene had set in. Mrs. Dwyer's toes were progressively cut away, and she was left permanently crippled.

She sued both Dr. Roderick and the chemists for negligence. As regards Dr. Roderick, the negligence lay in the manner of prescribing Migril: as regards the chemists, it lay in failing to spot or query the error on the face of the prescription. The chemists then decided to join Dr. Jackson as a party to the proceedings.

Dr. Roderick and the chemists admitted liability; in other words, they each admitted that they had been negligent, and that their conduct had caused Mrs. Dwyer's injuries. Dr. Jackson denied liability, but Mr. Justice Stuart-Smith found that he had also acted negligently, and that this had contributed to Mrs. Dwyer's injuries. Total damages had been agreed at £100,000, including interest. The final question was, therefore, how this sum should be apportioned as between the two doctors and the chemists. There was no agreement on this matter, which the Court therefore had to decide.

The relevant principles of law are fairly easy to state, but sometimes difficult to apply. Negligence, in the legal sense, is a type of tort or civil wrong. A person who commits a tort is called a tortfeasor. Sometimes more than one tortfeasor may be responsible for an injury or loss or damage caused to another person. This may be because the tortfeasors were acting together. For example, if two thugs attack a passer-by in the street they have committed the tort of battery, quite apart from the criminal aspect of their conduct. Sometimes, however, two or more tortfeasors acting independently of each other may cause or contribute to a single injury suffered by another person. For example, suppose that in a factory, workman A carelessly handles a ladle containing molten metal, so that drops of the molten metal splash onto the feet of workman B, who is severely injured. That is negligence on the part of workman A, which has obviously caused the injury to B. But the employer may well have been negligent, in failing to provide safety spats, or in failing to urge his workman to wear them. This may also have been a cause of B's injury: the test is whether, if spats had been provided or, as the case may be, if the workmen had been encouraged to wear them, B would have worn the spats and avoided injury. If this test is satisfied, we can say that A and the employer, although acting independently of each other, have both committed the tort of negligence, resulting in a single injury to B.

Where loss or injury is caused by more than one tortfeasor, the rule is, not surprisingly, that the plaintiff cannot recover any more by way of damages than he would have if the same loss or injury had been caused by a single person. However, each tortfeasor is liable to plaintiff to the full extent of the plaintiff's claim. This is an apparent contradiction, but not a real one. To take a simple example, suppose a doctor's prescription contains a literally fatal mistake, which the pharmacist negligently fails to notice. The patient takes the drug and dies almost immediately. (No Dr. Jackson in this example.) Those representing the estate of the deceased could sue either the doctor or the pharmacist for the full amount of damages, but not sue one after the other and recover twice-over.

Suppose it is the doctor who is sued. He will be able to "recover contribution" from the pharmacist. It is clearly unjust that he should foot the whole bill if the pharmacist was also at fault. But how much will the pharmacist have to pay? Section 2 of the Civil Liability (Contribution) Act 1978 provides that, "*. . . in any proceedings for contribution . . . the amount recoverable from any person shall be such as may be found by the court to be just and equitable having regard to the extent of that person's responsibility for the damage in question.*"

In deciding what is "just and equitable", and in attributing "responsibility", the courts take into account two factors. Firstly, they ask to what extent each tortfeasor's conduct was a cause of the loss or injury, relative to the conduct of all the other tortfeasors. Secondly, they assess the relative blameworthiness of each tortfeasor's conduct.

Now it clearly makes little sense for the plaintiff to bring one set of proceedings against the doctor and for the latter then to bring further proceedings against the pharmacist. It saves time, and above all, money, if as many as possible of the parties concerned are before the court at the same time. Then it can be decided which parties are liable to the plaintiff, and the damages can be apportioned between them, there and then. Usually the plaintiff will make every person who is potentially liable a defendant. If however, one of the defendants feels that anyone has been left-out, he can join that person as a "third party". Thus Mrs. Dwyer sued Dr. Roderick and the chemists; the chemists then joined Dr. Jackson.

As Dr. Roderick and the chemists both admitted liability, and as Dr. Jackson was held to be liable, the agreed damages of £100,000 had to be split three ways – but not necessarily equally. The two tests, it will be remembered, are relative causation and relative blameworthiness. Mr. Justice Stuart-Smith applied these tests and decided upon the following apportionment: Dr. Roderick, 45 per cent; the chemists 40 per cent; Dr. Jackson, 15 per cent.

Mr. Finch thereupon erupted in fury in the pages of the *New Law Journal: "Moral: bungle a prescription, blame everyone else in sight and walk off with less than half the blame for having crippled a patient for life. If that is justice, pigs can fly."* He was clearly astounded that the relative responsibility of the pharmacist should be assessed at such a high level. A good deal of the original article, and of the subsequent debate with Dr. Barker, is concerned with whether such a result corresponds to the previous understandings of the medical and pharmaceutical professions as to the state of the law. This is, to my mind, a much less interesting question than that of whether the decision in *Dwyer v. Roderick* was just or unjust. On that question, our two protagonists also had much to say, and were in complete disagreement.

Mr. Finch regards the pharmacist's responsibility in such a case as decidedly secondary. His own apportionment would have been: Dr. Roderick, 80 per cent; the chemists, 20 per cent. He is evidently surprised that Dr. Jackson was held liable at all. It is difficult, however, to comment on this, as he does not explain the basis on which the court found Dr. Jackson to have been negligent. For the same reason, it is virtually impossible to say whether 15 per cent was a fair proportion of the responsibility for Dr. Jackson to bear.

Reference was made by Mr. Finch to a phrase of Sir Gordon Willmer, a distinguished judge, who recently described the responsibility of the pharmacist as a "long stop". The remark was apparently made by Sir Gordon while sitting as chairman of the statutory committee of the Pharmaceutical Society, and it is questionable how far it should be treated as some sort of judicial precedent, which is how Mr. Finch seems to regard it. However, it is a striking metaphor because of its ambiguity. To Mr. Finch, it suggests a much diminished burden of responsibility on the pharmacist than on the doctor, which corresponds to his view of the rôle of the pharmacist. Dr. Barker, however, neatly turns the metaphor: *"It does not matter a hoot if it is the wicket-keeper or the long stop who misses fielding a no-ball; it may still reach the boundary."* He also uses more direct language: "*. . . it so happens that I do believe the pharmacist is a trained specialist who has a duty to the patient to whom he hands a medicine (in a container on which he has probably written specific instructions as to how it should be taken) on a par with the doctor who prescribed the drug.*" Dr. Barker supports a 50/50 apportionment.

The tension between these two views is reflected when one attempts to apply the legal tests. Firstly, take the test of causation. Mrs. Dwyer's injuries can be said to follow both from the negligent act of Dr. Roderick and from the negligent omission of the chemists, in that her injuries would not have occurred but for the negligence of each. This "but for" test is the most fundamental legal test of causation for the purposes of civil liability. However, the courts have also invoked, from time-to-time, vaguer notions, dependent more on gut feeling than strict logic, such as "effective cause" or "essential cause". It is implicit in Mr. Finch's approach that, even though the chemists' negligence was a cause of Mrs. Dwyer's injuries in the "but for" sense, it was Dr. Roderick's negligence that was the fundamental or essential cause. Thus the application of this legal test, as is so often the case, involves not a process of mechanical reasoning, but a subjective appreciation of the facts. If one then turns to apply the second test of relative blameworthiness, the subjectivity is even more apparent.

For what it is worth, I side with Dr. Barker. A pharmacist does not dispense drugs in the manner of an old-fashioned grocer, reaching down the various jars on demand. The pharamaceutical profession has always emphasised its special skills and has assumed responsibility accordingly. What reputable pharmacist fails to give a patient appropriate warnings about a drug simply because the prescribing doctor should already have given the same warnings? Where, as in Mrs. Dwyer's case, the prescription is obviously wrong on its face, there seems little reason to choose between the incompetence of the doctor and that of the pharmacist. That is why Mr. Finch is wrong to suggest, as he does, that the decision is generous to the doctors: it simply treats pharmacists as having an equivalent professional standing.

Mr. Finch's conclusions are also doubtful: *"So it looks as if chemists are stuck with no less than 40 per cent of the responsibility for seeing to it that prescription errors do not get through to a G.P.'s patients."* That is not the sort of reasoning which one expects from the sub-dean of a law faculty. The fact that the responsibility of this pharmacist in this case was assessed at 40 per cent does not mean that 40 per cent becomes the general rule. Other errors in prescribing may, for example, be less apparent to a pharmacist. When a prescription is unusual, but not manifestly wrong, no doubt the pharmacist should in certain cases query it with the doctor. But if he fails to do so, his responsibility is unlikely to be equated with that of the doctor. Mr. Finch should bear in mind the numerous warnings of appellate courts against treating decisions on the particular facts of a case as propositions of law.

There is undoubtedly a moral to be drawn by pharmacists, however, and to which Mr. Finch rightly points: *"They have no choice but to query a prescription with the doctor (or dentist for that matter) who issued it, if there is any cause for doubt whatever."* That may be somewhat extreme, but it will be a sound general rule. The corollary is that doctors must not take umbrage if their prescriptions are queried. Mr. Finch clearly suspects that they will, and on that, alas, I am inclined to agree.

Note:

The article and subsequent correspondence to which reference has been made can be found in the New Law Journal, *Vol. 132, at pages 176–7, 262, 375–6 and 506.*

Nursing

It is July and the Nurses' Ball has come round again. Those moments of anguish and panic over who to take, what to wear and the last minute cries of, *"Do I look all right", receed into the past as the splendour of* the Grosvenor House setting takes over and the magic of the evening sets in.

A variety of watering holes, in and around Mayfair, lost their customers as hundreds of Guys' nurses and their young men converged upon the Grosvenor. Ever growing numbers gathered in the foyer, where everyone was presented with a carnation – considerable hilarity was caused in some cases over where exactly, if anywhere, to pin it.!!! No doubt the eyes of our patients would be out on stalks if they could see their demure young nurses in such eye-catching attire – what a contrast to those chaste uniforms.

Then followed one of the more formal moments of the evening, namely being greeted by the reception committee – Mrs. Margaret Davis, District Nursing Officer (how does she remember all those names), Mr. E. Rowe, representing the Special Trustees, and two members of the Nurses Representative Council – Phillipa Clulow and Jenny Humphries.

The revellers were then free to migrate to the bar for a pre-prandial drink – unfortunately the prices were sufficient to deter even the most committed dipsomaniac; but no doubt there will be more than a few who will have to economise over the next couple of weeks to recoup their losses. The alternative was to perambulate the gallery and gaze down upon the resplendent scene below – ninety odd tables immaculately set for dinner and delicately lit by the glow of six enormous chandeliers.

The scene soon changed to one of frenetic activity as we were summoned to dine – why does one need an advanced course in orienteering to find the right table on these occasions? Dinner began with *Coquilles Saint Jacques* and ended with a gastronomic treat which went by the unlikely name of Norwegian Omelette (a literal translation) – could it have been a Baked Alaska in disguise? Perhaps our charming catering manager could extend such culinary delights to the nurses dining room.

For once tradition was broken and we had speeches!! However, it was a fitting occasion on which to pay tribute to Mrs. D. (as she is affectionately known) and to thank her for the tremendous amount of work she has done for the District and the nurses in particular. This will be the last Ball over which she will officially preside and although we will undoubtedly miss her, we wish her every happiness in the future.

Let the dancing begin: the excellent band struck up and within minutes the dance floor was a mass of seething, gyrating bodies. No doubt those who graced the occasions a hundred years ago would turn in their graves, if they could witness such scenes. Everyone was surreptitiously glancing around to check that no-one was wearing the same dress and to discover who was dancing with who. Perhaps it came as rather a surprise to some of the newer members of the nursing sorority to discover that their elders, (who must seem positively ancient at times), are actually human after all – even to the extent of having men in their lives!!!

The need for rest was fulfilled when the cabaret took over for a while. Leslie Crowther was greeted by shouts of 'Crackerjack' as he valiantly attempted to amuse and make gentle mock of the more senior members of the establishment, who were clustered around the top table.

Then it was time for yet more dancing – I'm amazed there weren't more crushed feet and dislocated shoulders. At this point the body heat generated defeated the air conditioning – dinner jackets were cast aside to reveal an interesting assortment of brightly coloured braces and much orange juice, (perhaps with an added dash of illegally imported gin), was consumed.

All too quickly the evening drew to a close; stoles and jackets were gathered up and revellers wended their way out into the cool morning air. A few bright young things were seen to be advancing towards pastures fresh – their night was obviously still young as well.

Altogether a splendid evening and tribute should be paid to all those who made it such an enjoyable evening and especially to the Trustees who made it all possible. Let us hope this tradition will continue for a long time to come.

The poor and impoverished have a year in which to save, whilst the ancients can recoup their stamina.

A fly on the chandelier.

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Physiotherapy

Open access for general practitioners to the Physiotherapy Department at Guy's started in July 1975. Before that time, a patient for whom his G.P. wanted treatment had first to be seen by a physician/rheumatologist, in order that an appropriate prescription might be made. This led to the patient's waiting, first, for a doctor's appointment and, later, for a physiotherapy appointment. We tried, of course, to accelerate the process for the more acute problems, but even so, delay was inevitable and all parties became frustrated. The rheumatology clinics were congested with non-rheumatological cases, the physiotherapists were presented with established symptoms, which might have been alleviated by earlier intervention, and the patients had to live with their difficulties for a longer-than-necessary time.

There were some fears that the system might be abused – by the G.P's who could off-load their difficult patients, by the physiotherapists who could usurp the prerogatives of their medical brethren and by the patients who could prolong their courses of treatment by developing new conditions as the old ones resolved. The congestion and the delay could be transmuted into a swamping of the outpatient treatment rooms and a withdrawal of therapists from the wards in order to bale them out.

In practice, none of this happened. Happily, the timing was right and open access coincided with changes in the doctor-physiotherapist relationship and in the practice both of rheumatology and of physiotherapy. The G.P.'s were well-behaved, the therapists were not crazed with power, the patients accepted a course of treatment of limited extent.

The number of referrals in the first twelve-month period was 174 and has grown progressively, as practitioners became more aware of the system and found it satisfactory. In the '80/81 year, it had risen to 467 and will be the same, or thereabouts, for the current period.

The overall number of new patients treated has not risen with it, probably because the number of rheumatology referrals has decreased anyway with changing patterns of treatment and because these patients, directly referred, are the same as those previously going through the rheumatology clinic *en route* for physiotherapy.

As we run the system, the G.P.'s referral letter is seen by the Superintendent Physiotherapist and recorded, an acceptance slip is sent in return and appointments for treatment are sent directly to the patient. We have suggested to G.P's that some patients should be X-rayed before we treat them and these patients usually arrive with a radiologist's report or an X-ray request form so that, again, the delay is minimised.

Seven years' experience has convinced us that all parties benefit from the system which we have evolved, and our findings are very similar to those reported from Roehampton, in the *B.M.J.* of April 17th.

Ronald Cooper

Book Reviews

"Evaluating Hospital-Based Ambulatory Care", by William C. Stratmann and Ralph Ullman. Pp. 177. Price £13.50. Published by Lexington Books, Lexington, Massachusetts.

This is the report by a research team of the impact of a new development in relation to outpatient services at Genesee Hospital, Rochester, U.S.A. The project arose out of concern to improve the quality of ambulatory care for the neighbourhood community and the hospital (mainly inner-city and socially deprived population, but hopefully to include those in higher income brackets in the vicinity of the hospital). It is admitted that concern by the hospital administration for the fact that the outpatient services were running at a financial loss and the prospect of substantial Federal funding from the Office of Economic Opportunity were additional factors influencing the decision to proceed with the new plan. A preliminary study used a 44-page questionnaire to obtain the views of a sample of 510 patients about their attitude to ambulatory care on a ten points scale in respect of five criteria: economic, temporal (time for travel, consultation, tests, results, etc.), convenience (availability of service, housecalls etc.), socio-psychological (doctor's manner, sex, religion, etc.), quality (competence of doctor, equipment and specialist availability). A useable response appears to have been obtained from everyone in the sample—though it does not follow that all questions were answered in every case. Physicians on the hospital staff were also asked to give their opinion of how patients would react to the five criteria; there was considerable concordance in the views expressed by the physicians and those actually recorded by the patients.

By the end of three years of operating the new scheme there were just under 12 full-time equivalent physicians employed in the service caring for 15,315 patients (a mean of 1,121) of whom 11,955 were classed as "active" in the sense that they were currently or recently under care. The population at risk from the point of view of being potential users of the service is of course unknown since there was no system of registration, but it is assumed that only two-thirds of the potential users were "active patients" (the British equivalent would have been nearer three-quarters of the patients having consulted their General Practitioner in the past year). On the basis of the assumed population at risk there would thus be a mean of 1,495 patients per Physician compared with the list of registered patients for a British G.P. of 2,225. However, the service given in terms of laboratory investigation, X-rays, etc., was obviously greater than would be available from most British group practices working within their own premises (i.e. would include the equivalent in service terms of hospital investigations requested by G.P.'s on an open access principle. The mean cost of a consultation was found by the authors to be $20.5 or just over £10. Unfortunately the attempt by the authors to assess patient opinion from a sample of 884 medical/paediatric patients eventually resulted in information being obtained from 226 patients or parents—a success rate of just over 25 per cent and since 368 were excluded on grounds such as age, language barrier and infrequent use (all important factors in assessing patient opinions about the quality of care) one must question the validity of the finding that the small number of responders gave favourable answers to questions about quality of care and the concern of the staff for patients. Obviously the other people in the sample who were excluded might well have responded differently—or perhaps that they were merely reluctant to fill in another 44 page questionnaire!

This book is unlikely to have more than limited appeal in this country though at the present time any information, however inadequate, into patient attitudes about community based services based on a large hospital may be helpful to those trying to plan services in the new organisation.

J. A. D. ANDERSON,
Professor of Community Medicine.

"Medical Pharmacology", by Andres Goth. 10th edition. Pp. 815. Price £17.50. Published by Mosby.

This American textbook has now reached its tenth edition. It is concerned with the pharmacology of drugs used in treating patients and gives some details of their therapeutic use. In general, the lay-out is clear, the illustrations well chosen and relevant and it contains a number of useful references.

In detail, however, the reviewer has some reservations, although these may to some degree reflect differences in practice on each side of the Atlantic. For example, the chapter on hypnotic drugs with a long section on barbiturates and relatively short reference to benzodiazepines does not reflect current thinking in this country. Sometimes one feels that the author is not aware of the real problems which arise when using certain drugs. In the section on gentamicin which is a widely used antibiotic in hospital practice, there is no mention of the importance of plasma levels of the drug and in the section on blood lowering agents, veratrum receives mention, but the section on diuretics is very brief. The book could be considerably improved if somebody from the "coal face" of medicine went through it and pointed out where amplification was needed and when certain sections could be reduced.

It is certainly useful and easy reading for medical students and some chapters, for instance the section on general aspects of pharmacology and the chapter on analgesics, are very good. But as a text dealing not only with drugs, but also their use in a clinical context, it would not be my first choice.

HOWARD ROGERS,
Reader, Dept. Clin. Pharmacology

"Law and Ethics in Dentistry", by J. Seear. 2nd edition. Pp. 251. Price £8.50. Published by Wright P.S.G.

The importance of *Law and Ethics in Dentistry* is increasing. The legal complexities of our everyday lives are changing with new legislation such as the Health and Safety at Work Act, the many facets of employment legislation and other Acts of Parliament. Many of them impinge on dental practice. In addition, more patients complain about treatment that has been done and seek financial redress and this may be verified by a study of the accounts of the Defence Societies over the past few years which clearly demonstrate the escalating costs of legal services and disbursements.

Mr. Seear's book has proved extremely popular and this second edition has been brought up to date and contains much useful material for home and overseas readers. He is in a unique position to write this book because of his wide experience of general dental practice and many years as Dental Secretary of the Medical Protection Society. He has also lectured extensively on the subject.

Careful study of this text and adherence to its wise counsel would do much to avoid the disputes which can be so distressing to all concerned and costly to the Defence Societies. The fourteen chapters outline the legal system in this country including both civil and criminal law; special attention is paid to professional ethics and the role of the practitioner including his relationships with his staff. The role of auxiliary staff is dealt with in a separate chapter. A valuable chapter is included on General Anaesthesia and Intravenous Sedation with timely advice, particularly in view of the publicity that surrounds the tragic mishaps which occasionally occur.

Mr. Seear has included a chapter which will be of particular interest to those planning to work overseas. He includes information about dental practice in Australia, Eire, Hong Kong and the EEC countries. A useful chapter on Forensic Dentistry is followed by detailed discussion of the dental aspects of the National Health Service.

The final chapter is full of useful advice about insurance and covers sickness, practice, personal liability, car, house and pensions.

There are three appendices on:

(1) Radiological protection in dental practice.

(2) Emergencies in dental practice including a survey of drug interactions, and

(3) Guidelines for handling mercury.

The author states that the purpose of the book is to create an "awareness" so that the reader will realise the value of obtaining expert guidance on any matter with which he is not entirely familiar.

The book provides excellent coverage of the subject, it is clearly written and both students and practitioners will find much of interest in its contents and will be much wiser about dealing with the many problems that arise in their professional careers.

A. H. R. ROWE,
Professor of Conservative Dentistry.

"Special Tests and their meanings" by D. M. D. Evans. 12th Edn. Pp. 270. Price £2.50. Published by Faber and Faber.

The 12th edition of this popular book remains an economic purchase at £2.50 for a truly pocket sized book of 270 pages. Its declared audience is "nurses and health care professionals" by which I infer it is aimed at medical students and paramedical staff such as laboratory and physiological measurement technicians studying for their own examinations. The core of the book is a detailed guide to clinical pathology: the aims and value of tests carried out in chemistry, haematology and microbiology. There are also explanations for a wide range of other tests used in hospitals to investigate patients; radiographic tests of all types including biopsy procedures and use of fibreoptic instruments, and many other specialised tests such as respiratory function tests and electrical tests on the heart and brain.

The main criticism of the work is that it carries too much old-fashioned material; if a keen student needs to read about superceded tests, most libraries carry early editions of standard textbooks. To take three examples at random: I doubt whether most hospitals these days use Esbach's albuminometer, measure protein-bound iodine or require C.S.F. colloidal gold tests to distinguish tabes dorsalis from general paralysis of the insane. However the book contains a vast amount of information, simply and clearly set out; it will enable students in many disciplines to brush up knowledge about tests they may have heard of but didn't know where to "look them up" before.

P. J. N. HOWORTH,
Senior Lecturer,
Department of Chemical Pathology.

"Disposable Patients", by D. B. Matthews. 1st edition. Pp. 107. Price £11.50. Published by Lexington Books.

The title of this book is unfortunate, perhaps misleading or even offensive. The subsidiary title "Situational Factors in Emergency Psychiatric Decisions" does however, correctly indicate the subject with which the book deals. The author is a psychiatrist who applied a straight-forward observational method in the manner of a medical sociologist, to the psychiatric work of an American "emergency room". The writing is clear and straightforward and the book's points emerge without ambiguity. The results suggested that emergency room practice was governed more by the needs of service personnel to "work the system", ensuring personal and professional survival, than by the clinical needs of the patients.

In its details, the book cannot be applied to British Accident and Emergency Departments, for different sets of social variables affect these and American emergency rooms. but let no-one mistake that, in general, the findings apply as much in Britain as in America. Those who work in A. and E. who do not yet understand that what happens is often determined not by the needs of patients but by such factors as staff anxiety, staff needing to refer unliked patients to others, a feeling that many attenders misuse the facility and many others, should find this book strictly an eye-opener.

J. D. WATSON,
Professor of Psychiatry.

"Know your Genes", by Aubrey Milunsky. Pp. 301. £2.50. Published by Pelican Books.

This book carries the sub-title "crucial information about hereditary disorders and your personal risks and options". There is certainly a wealth of information presented, much of it very useful but some irrelevant to British readers, such as the availability of genetic investigation and counselling in the U.S.A. (presumably for those who can afford it!) but there is not even a list of the genetic counselling centres in Great Britain. The style is rather emotional and a more objectively factual approach would probably be more acceptable to readers in this country.

There are five, main, numbered sections (not called chapters) each with a number of sub-divisions: 1. Chromosomes and genes; 2. Birth defects and genetic counselling; 3. Will your baby be normal?; 4. Heredity, disease and ageing; 5. Sex, twins, ethics and the future. It is difficult to summarise the contents because the author seems to have put pen to paper and just written as ideas came; a great deal of tidying-up and re-arrangement are desirable. Careless writing occurs far too frequently, e.g. "The chromosomes in a cell . . . are arranged in pairs". "The chromosomes are . . . composed of genes". . . . a woman carrier of (Duchenne-type?) muscular dystrophy following an abortion of a male fetus "subsequently had two normal girls"; no mention is made of the 50% probability of their being carriers. "The mother might be the carrier of the dyslexia gene, with a risk of 50% of her sons being affected and 50% of her daughters being carriers"—in a single family!? And so on, and on. There is little about genetic polymorphism as such and virtually nothing about multifactorial inheritance and its probably great importance in the causation of congenital abnormalities.

There are excellent sub-sections on genetic counselling, A.I.D., amniocentesis, pre-natal diagnosis and the relevant medical ethics.

The author is carrying a torch for "intensive genetic investigation of people of child-bearing age". "We all have a right, and indeed, an obligation to know about our particular genes . . . and the options available that enable us to have healthy children." His stated campaign is that Governments should provide young people planning to marry with a pamphlet indicating the need for genetic counselling prior to marriage. Such extensive counselling would, in this country, be impracticable and in the absence of any evidence of genetic disease, unnecessary.

Fascinating as the book is in many ways, young mothers-to-be, especially first-time ones, might well have their natural anxieties unnecessarily increased by reading it.

B. J. RICKARD.

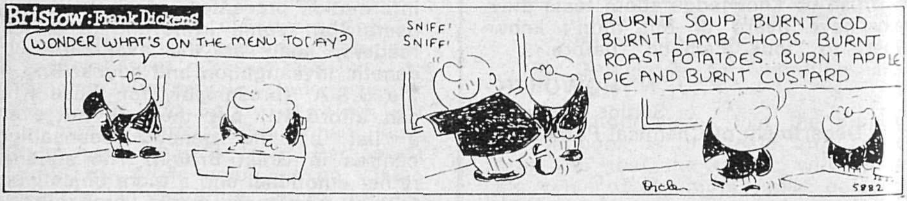
"Notes on Psychiatry" by K. T. Koshy. 5th Ed. Pp. 241. Price: £3.65. Published by Hodder and Stoughton.

There are different kinds of "notes" books. Some are comprehensive but written in note form, not in complete sentences. Others present an elementary, basic or selective coverage of a field. Some aspire to aid revision, to be supplemented by larger books during more leisurely parts of the course.

This small volume covers a reasonable proportion of the undergraduate ground with clarity. The student who bases revision on this book is unlikely to lose thereby. However, this book will not quite do on its own, for it could be misleading in some of the more notorious, potentially confusing areas in the subject. (Psychiatry includes several topics which are almost invariably misleading when presented briefly.) One is the clarification of depression, which is somewhat eccentric (p.35) and confuses "reactive" and "neurotic". Another concerns paranoid illness, which seems to receive no systematic coverage. The book passes some of the important tests too, notably in its section on mental state examination, a field of fundamental importance.

All in all, a pleasant readable book which many students will wish to combine with other reading.

J. P. WATSON,
Professor of Psychiatry.


Bristow: Frank Dickens
WONDER WHAT'S ON THE MENU TODAY?
SNIFF! SNIFF!
BURNT SOUP BURNT COD BURNT LAMB CHOPS BURNT ROAST POTATOES BURNT APPLE PIE AND BURNT CUSTARD
Dickens
5882

Correspondence

Horace Mather

Dear Sirs,

The Superintendent suggested that I should write to you to record the sad death of my father, Horace Mather, M.R.C.S. (Eng), L.R.C.P. (Lond), who must have been amongst the oldest "Guy's Men" in England. He was born on 22nd August, 1887 and died on 14th January, 1982.

His address (still that of my mother) was West End Lodge, Waddington, Nr. Clitheroe, Lancs. We have various trophies which he won at Guy's – a U.H.A.C. winner's medal for the $\frac{1}{4}$ mile in 1908, an undated Guy's Hospital Athletic Club medal and another small U.H.A.C. medal for 1910. I have an idea that the latter was for some record which was never broken owing to a grass track being made into a hard track but I do not know any details.

We also have 5 pewter tankards –

- U.L.A.U. (Guy's) Relay 1908
- G.H.A.C. Tug of War 1913 (2 of these!)
- G.H.A.C. Tug of War 1910
- G.H.A.C. Tug of War (old crocks) 1912.

He joined the R.A.M.C. training centre on 5th December, 1915 and, finally, went abroad with 41 Stationary Hospital on 29th April, 1917 until demobbed in March 1919 (we found his old army book).

After that he practised as an Eye, Ear, Nose and Throat specialist in Rodney Street, Liverpool until his late 80's. He worked at every major Liverpool hospital – Walton, St. Paul's Eye Hospital, Liverpool Eye and Ear Hospital, Birkenhead Children's and Mill Road and held clinics deep in the heart of North Wales (Blaenan Ffestiniog, Betwys-y-Coed, Corwin, Oswestry).

He actually continued to work at various ophthalmic opticians in Southport (at *their* request, I hasten to add!) until he was nearly 90 years.

I don't know whether this is of any interest to you at all as, of course, all his comtemporaries have passed away many years ago. I think he was a past president of the British Ophthalmological Society (or maybe just North of England?) too.

Yours faithfully,

CHRISTINE FERGUSON,

Rock Mahon,
The Highlands,
Glounthaune,
Co. Cork.

Frederick Newland Pedley

Dear Sirs,

I was very interested to read your item on Frederick Newland Pedley in the *Gazette* of June 26th 1982 (News in Brief).

In August 1958, my husband (the late Walter E. Herbert, Professor of Dental Surgery until 1967) and I visited Acquaseria to see the Church and to find his grave, if possible; at the instigation of Mr. Orchard-Lisle I think.

We found the Church without difficulty and took photos of it and the tablet in the apse. We searched in vain for his grave in the cemetery at Acquaseria – not knowing then that he was buried in the next village. I was pleased to see the photograph of the Schenini grave stone.

I would also like to notify you that Miss D. I. Henderson, a Guy's trained nurse who was Matron for many years of the Royal Surrey County Hospital, Guildford, died on July 7th 1982 (notice in *Daily Telegraph* of July 9th). Latterly she lived at Liss, Hants and must have been in her eighties. She was active until recently – I only met her when we moved to Grayshott in 1971, but she remembered my husband well.

I am glad to be able to keep in touch with Guy's events and personnel through the *Gazette* – thank you.

Yours sincerely,

JOYCE M. G. HERBERT

Halfacre
58 Kingswood Firs
Grayshott, Hindhead
Surrey GU26 6ER

Mr. W. Golder and Mr. C. A. Welton

Dear Sirs,

Guy's dental graduates will I am sure be surprised to learn that Mr. W. Golder, the Chief Instructor in this Department, and Mr. C. A. Welton, an Instructor presently on the staff of the Department of Conservative Dentistry, will be retiring at the end of September. Both are long serving members of the Dental School staff who have guided successive generations of students in the intricacies of dental technology. Many will remember them as friends and counsellors to whom they are indebted for the sympathy and understanding which they offered them as clinical students at the beginning of their course.

If anyone wishes to make a contribution towards presentations to be made upon their retirement, I shall be pleased to receive it. Cheques should be made payable to me and sent to this address indicating to which of the two individuals it should be applied.

Yours faithfully,

D. J. NEILL,

Dept of Prosthetic Dentistry,
Guy's Hospital,
London,
SE1 9RT

On James Blundell

Dear Sirs,

It is the custom in Dutch universities that candidates for higher degrees must defend their theses in public against a panel of opponents. I was recently invited to oppose a surgical thesis on "Intra-operative transfusion" and to my surprise read that James Blundell, obstetrician to Guy's Hospital, published in 1818 the first account of human-to-human blood transfusion.

Not knowing of him, I consulted Cameron's *Mr. Guy's Hospital,* but Cameron merely records his dispute with the Hospital Treasurer over the sale of the goodwill of his practice. I then consulted, in the *Gazette,* Lord Brock's articles on the 250th Anniversary of Guy's Hospital. He paid a well deserved and rich tribute to Blundell's contribution to medicine. It may be simply forgetfulness on my part, but I cannot recall hearing in my student days Blundell's name mentioned as one of Guy's famous men. Perhaps he should be better known.

In the introduction to my opposition, I took the opportunity of saying how proud I was that in this field also Guy's had won an honourable place.

Your faithfully,

Prof. Dr. D. M. BACLAREN

Academisch Zickenhuis Der
Verge Universiteit,
Amsterdam.

Friends of Guy's Summer Fête, 1982

Dear Sirs,

Through your columns, may I thank all who supported "The Friends of Guy's Hospital" at their Fête held in the Park on 6th June. The splendid sum of £3960 was raised on the day thanks to the generosity of those who gave time and gifts and also those who came to buy.

We have not yet totalled the full amount of money raised as donations are still being received, but it should be in the region of £6000.

Our special thanks are due once again to Mr. and Mrs. Arthur Franks who organised the Star Prize for the Grand Raffle of a week's holiday for two at the Livermead Hotel, Torquay, and also to Mr. and Mrs. Winslett who presented the splendid First Prize of a Grandmother Clock.

We could not run a Fête without the support of all who work at Guy's and our special thanks are due to the Works Department.

Yours faithfully,

Mrs. M. L. CAMPBELL

Chairman, Services Branch,
The Friends of Guy's Hospital,
Mary Sheridan House,
15 St. Thomas Street,
London, SE1.

Sport

Tennis Club

The '82 season started enthusiastically with the advent of the Hospitals mixed league. We won both our opening matches; the mixed against St. Mary's (whom we went on to beat twice more), and the men's league fixture against Westminster. Our first defeat came against a strong Bart's side. Our earlier wins should retain our position in the first division. Having reached the semi finals in the Hospitals cup, we lost to King's.

A successful mixed competition was held at the H.O.P. on sports day despite the lack of sponsorship. All in all, it has been a successful season; what is encouraging is the increase in the number of participants this year compared to the last.

Finally I would like to express my thanks to our president Dr. I. Mackenzie, Rod Jennings (secretary), Lorna Johnson, Jennifer Evans (co-captains for the ladies), and Shuaib Nasser for all their help. There are many others who took part, whom I would also like to thank. I hope everyone enjoyed playing tennis for the Hospital and a lot more will do so next season.

Naresh Joshi

CRICKET

Guy's 2nd XI v. Royal Dental Hospital, at Cobham, 23rd May

Won by five wickets

On a day when the rest of the country was under water, God was kind to the lads, allowing them to achieve their first victory of the season, against, admittedly, an understrength Royal side.

Amazingly, the Royal decided to bat first, and were whittled out for a meagre 60, with devastating bowling from D. Cox (8.5–3–17–3), S. Alff (the captain's brother-in-law) (4–0–7–3) and R. Joshi (7–2–4–2).

Our innings was highlighted by a spirited 20 from Clive Waterman, and from then on victory was very much on the cards. Just to rub it in, Raj Joshi scored an exciting 49.

GOLF

President's Match Sunday May 23rd

Again played over the traditional venue of Tandridge golf course with its inspiring views, this year the monsoon-like weather was interrupted by thunder, lightning and brilliant sunshine – making for interesting golf, interspersed with paddling and sprints for shelter, (or was it paddling for shelter?).

With an invigorated side with few new caps, the students immediately found their form in the bar before teeing off. This good tactical play continued as the morning foursomes went 2-1 in their favour. A rather indecent victory of 9/8 in the second match was explained away at lunch by one side having multiple sandy lies and the other single putting *a la* Arnold Palmer. Admittedly, the Dean had a shoulder injury and his partner had not played more than twice previously this year . . . It was left to the President's last, most experienced and indomitable pair to provide him with some relief from the morning.

A further "topping-up" session saw further student victories in the afternoon singles. Page missed both good opportunities to win his singles, whilst Escudier played very well for his result. There followed a series of close matches, except for Davies' pre-exam warm-up against Dr. MacLean, which he won 4 and 3.

It was later discovered that the Dean had nearly hit his caddy, who was standing at ninety degrees (approximately) to the intended line of play. The young gentleman in question (the caddy), had resolutely stood still as the missile flew over his head, but still had the decorum to apologise! Is it surprising that golf has one of the highest rates of head injuries (Cf next report) – after all, in some respects it is a fast game!

Despite the weather, a most enjoyable day was had by all; the next President remains a secret, but the students thank Professor Cohen for his work during the season.

Results: Student win 6-3

Team: *Students – Gibb, Page, Escudier,*
Davies, Walker, Robinson
President's VI – Cohen, MacLean,
Brain, Houston, Cockerill, Joyce

Staff Match – 26th June

Wet weather continued to be the theme at Huntercombe G.C., near Oxford. A day of foursomes always produced golf describable in various terms – enjoyable, talkative, frustrating and downright irritating being among them.

With Dr. Seward – a formidable golfer of 80+ who has broken his age several times – teaming up with a dependable Prof. Cohen, Page and Walker were in for a tough time. Unfortunately the students did not quite "integrate" and lost comfortably 4/3. Prof. Trounce and the Dean completed another win over the new post-exam Davies (still playing well) and the dark-glassed Barker. Rose-tinted yes, but dark glasses in the rain? Dr. Scott was missing for some time and both teams were perplexed until he arrived and explained that a windscreen wiper blade had been sucked off the car and he had to do some quick transplant surgery; fortunately the replacement did not suffer any rejection.

After the morning results the match was 2-2. The Dean and Prof. Cohen had a close match in more than one sense. They were narrowly defeated by Gibb and Davies and also Dr. Houston received more than his fair share of close misses, whilst standing innocuously away from anyone's line of flight. He carried on unscathed. The match produced a complaint of a rather different nature when, whilst Gibb was concentrating over a delicate chip at a vital stage of the match, his partner produced a rather noisy localised downpour in the adjacent bushes. Unperturbed, Gibb proceeded to duff the shot.

Of course Dr. Seward again won his match with the help of Mr. Lewis, whose only problem was providing the correct golf ball for his partner to do magic with.

And after all the matches were in, the result was an honourable draw, with everyone reasonably satisfied. Hopefully next year the weather will be kinder.

Teams: *Students – Gibb, Page, Dixon, Davies, Walker, Ivary, Cliffe, Barker.*
Staff: Cohen, Seward, Scott, Hewitt, Lewis, Houston, Trounce, Youlton.

BADMINTON CLUB

Guy's Hospital Badminton Club have won the University of London Knock-Out Cup, beating Imperial College in the final by 6 rubbers to 5. The match was played at Imperial College, on 27th February, 1982.

The match was played over a total of eleven rubbers, of which three are mens doubles, three ladies doubles, three mixed doubles, one mens singles and one ladies singles.

The bulk of the credit towards the victory should undoubtedly go to the ladies. Sarah won the ladies singles in straight sets. Sarah also played in two ladies doubles, partnering Jayne and Christine, which they too won convincingly. The third ladies doubles was played by Mary and Christine. They won that quite easily.

Unfortunately the same could not be said for the men. They had to face some of the best players in the University of London – three of them county players and the fourth a Malaysian International. Despite putting in a lot of effort, our men could not match them.

So, now it was four rubbers all. The match rested on the mixed doubles. A very sound partnership between John Rogers and Mary was sufficient to secure the Cup. Both the players should be praised in the way they combined so well and in their consistent attacking play.

May I now take this opportunity to thank all the players, especially Linda Corner, Jerry Kwuk, Patric Foo, Julian Ma and Janet Singleton, who by winning the preliminary rounds made it possible for our club to reach the finals.

The players in the final were:

Sunil Kakkad (Capt)
John Rogers
John Tung
Drew Lee

Sarah Leeves
Mary Leeves
Jayne Gott
Christine Davies

Hospital Information

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PASS LIST

L.M.S.A.

R. J. Horne

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Miss E. J. Williams
D. A. Woods

University of London
Ph.D. – Medicine
Ms M. R. Z. Talha (Pharmacology)

BIRTHS

EVANS: On May 17th in Cape Town to Leonora and Edward, a daughter Juliet Patricia, a sister for Richard and Melanie.

JONES: On 21st June at Ronkswood Hospital, Worcester to Peter and Sian, a daughter Rebecca *Claire Louise.*

CHANGE OF ADDRESS

LANGDON: Drs. Chris and Jenny Langdon, 150 Windsor Road, Bray, Maidenhead, Berkshire, SL6 2DW.

LEWIS: Dr. E. C. Lewis. Surgery: 1 Oxford Road, Redhill, RH1 1DT. Tel. No: Redhill 62902. Residence: 105 Station Road, Redhill, RH1 1DW. Tel. No.: 66961.

ENGAGEMENT

TREMBATH-BROWNE: Dr. Richard Trembath, of Guy's Hospital and Miss Fiona Browne, of Greenwich; wedding to take place on August 7th, in Guy's Hospital Chapel.

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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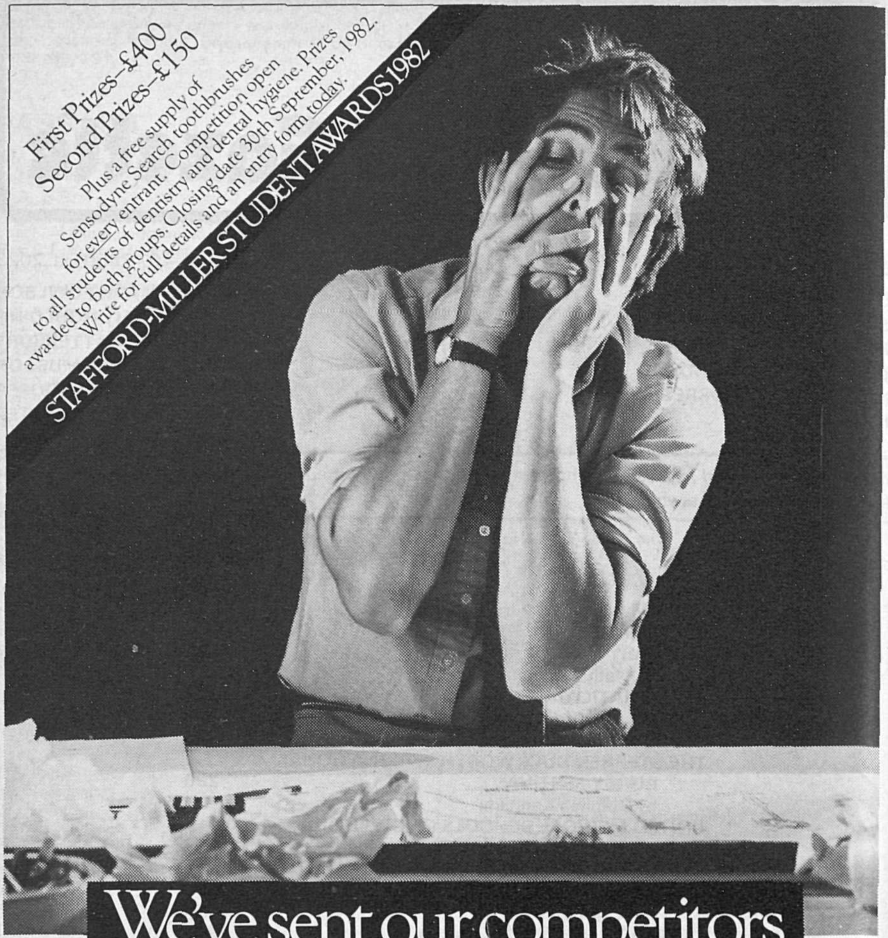

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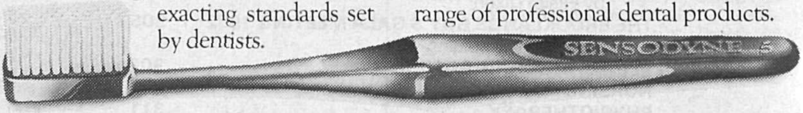

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"Childhood is the kingdom where nobody dies. Nobody that matters, that is."
Edna Millay 1892–1950.

The Evelina Children's Unit was opened in 1975, when the children's unit at Guy's amalgamated with the Evelina Children's Hospital in Southwark Bridge Road. In the seven intervening years, the quality of specialised and general child-care, research and teaching has endowed the Unit with an enviable international reputation. Even more creditably, the Unit has flourished despite a chronic shortage of funding for specially-trained nursing staff. Even at the outset, a paucity of financial resources demanded that the Unit should survive with twenty-one fewer nurses than the D.H.S.S. recommended quota.

Faced with the combined burden of shorter working-hours for nursing staff, and a bed occupancy which has more than doubled since 1975, the Unit has, perforce, increased the complement of nurses from 110 (1975) to 140 (1981). Furthermore, the demands placed on the Unit have been exacerbated by: firstly, an increasing number of specialist referrals, both local and national; secondly, the inadequacy of the facilities at the paediatric surgery unit at Sydenham Hospital, thirdly, a two-fold increase in the number of deliveries at Guy's, making for additional demands on the special care baby unit.

Somehow, out of all this, the Unit has succeeded in not only maintaining, but embellishing, its reputation for excellence in child-care. Sadly, the increased work-load, efficiency and quality have been met with a totally inadequate financial response from both Region and District; indeed, evidence presented to the new District Management Team in March of this year has not even been acknowledged, despite the fact that the Regional norm allows for nineteen more nursing staff for such a unit.

The apparent deafness of the Region and District to the cries for adequate funding for the employment of more permanent nursing staff has resulted, in the first three months of this year, in the Unit resorting to hiring nurses through nursing agencies. Regrettably, the tumbrels have finally paid their call and, in response to demands from the District to curb the Unit's "overspending", the Division of Paediatrics reluctantly agreed to close an eighteen-bedded ward and one intensive care bed. Furthermore, the gravity of the Unit's predicament is compounded by the indisputable fact that the real victims of the hypothetical, awaiting *guillotine* are sick children, many of whom are untreatable in units not adapted to specialised care.

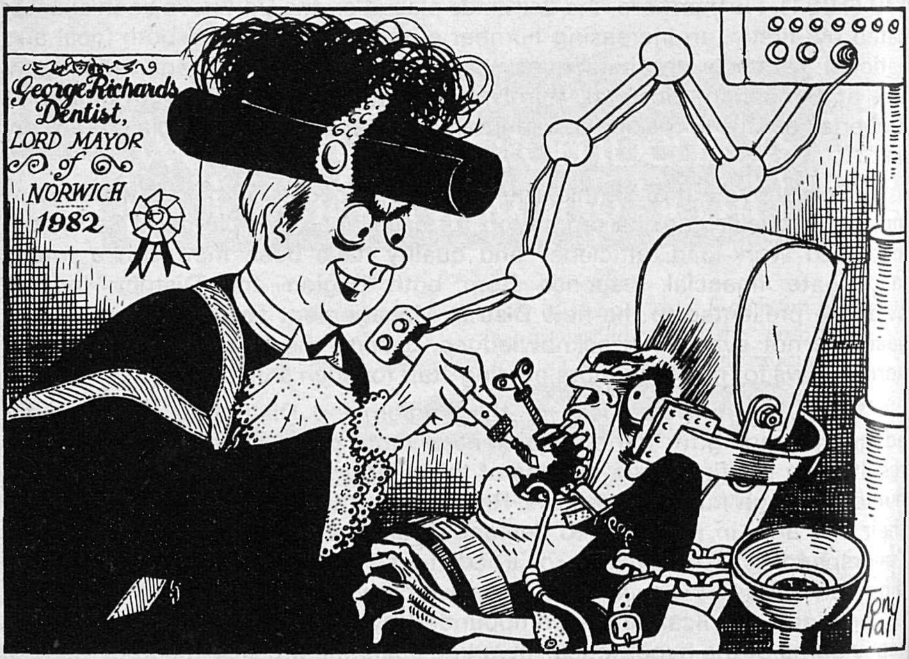
That the issue should not rest in the prosaic bosom of the District is clear. Many of the children whose claim to treatment has been denied are referred from distant parts of England – a witness, if ever there was one, to the inestimable value of the specialised centres. Perhaps the District wishes to disengage itself from the esteem with which such a unit as ours is upheld, or perhaps the economic viability of transforming the chronically sick child into the wage-earner of the future is a notion that has become softened by the plush upholstery of the seats of power.

News in Brief

L. G. Richards, B.D.S., L.D.S., R.C.S.

Our heartiest congratulations go to Mr. George Richards, who has been elected Lord Mayor of Norwich for the year 1982–83. He qualified B.D.S. in 1947 and L.D.S. in 1948, which, by judicious mathematics, makes him a contemporary of both Professor Tulley and Professor Rowe.

We have no hesitation in reproducing the cartoon shown below, which was kindly submitted by Mr. Richards.



"I hereby declare this mouth open!"

Mr. Leslie Day

It is with profound regret that we have to announce the death of Mr. Leslie Day, the Clubs' Union Bar Steward.

Mr. Day died unexpectedly in Beckenham Hospital after a short illness; he was 71. He had run the Union Bar since November 1971 and he will be sorely missed. Our deepest sympathy goes to his wife and family.

Stephen Duckworth Rugby Festival

The Stephen Duckworth Appeal Fund Committee is organising an International Rugby Festival in order to benefit the Fund. Further details of this great event are published elsewhere in this edition, but we would ask you to commit to your memories and your diaries the following: Sunday, 10th October, Honor Oak Park (See also page 290).

Meanwhile, may we express our profound thanks to the following donors of gifts to the Appeal. Although every gift is equally appreciated, it is noteworthy that the Gatsby Charitable Foundation, representing the First C.B. Trustees Ltd., and the Vanheimer Trustees Ltd, has presented £5,000 to the Fund.

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Porritt Fellowship

Coincidentally, the Sterling-Winthrop Foundation has endowed a Fellowship, to the value of £5,000, to encourage the study of the physiology of sporting achievement, or the aetiology, prevention and treatment of sporting accidents and injuries.

The Fellowship is open to Fellows of any of the United Kingdom Royal Colleges of Surgeons, or their Faculties, or medically qualified members of staff in their scientific departments. Application forms are available from: The Secretary, The Royal College of Surgeons of England, Lincoln's Inn Fields, London WC2A 3PM.

Mr. and Mrs. L. C. Beaney

Congratulations are due to Mr. L. C. Beaney, latterly Chief Attendant in the Mortuary, and Mrs. Beaney on being invited to attend the Royal Garden Party held at Buckingham Palace on Tuesday, 20th July.

Mrs. Mary McGlone

Mrs. Mary McGlone retired as coordinator of voluntary services on the 28th of May. During her time at Guy's, her organising ability was of great benefit to many parts of the Hospital (including the *Gazette*) and she will be widely missed – especially, perhaps, by the large corps of voluntary workers that she leaves behind.

Mrs. McGlone (left) accepting a presentation from Mrs. Margaret Campbell. (Photo by courtesy of Andy Northern, Editor of Spectrum.)

Pupils' Physical Society

The first meeting of a new academic session has traditionally been an address given by a guest speaker. This year, to celebrate the United Medical Schools, there will be a joint meeting of the Pupils' Physical Society and the St Thomas' Medical and Physical Society.

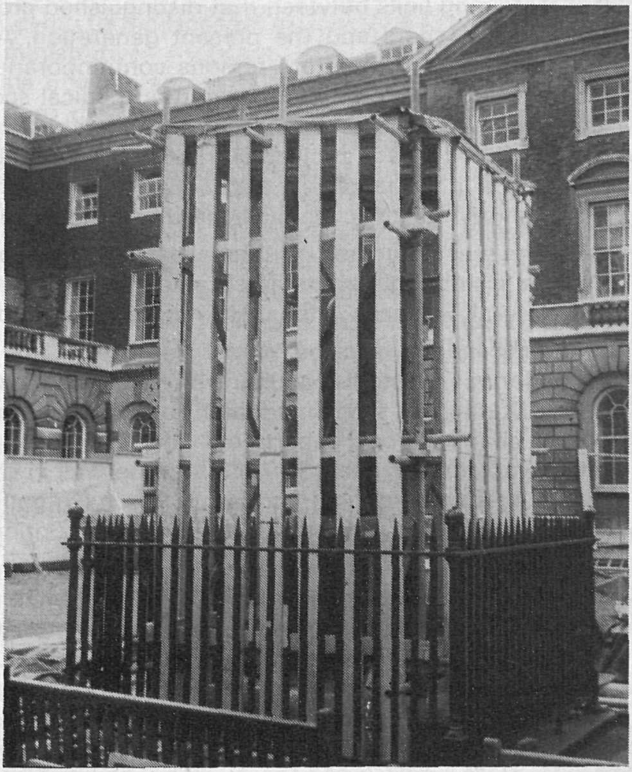
There will be three speakers: Mr. Bill Owen, consultant surgeon, who will be speaking on the history of vascular surgery, and two Guy's students. The meeting will be held on Tuesday, 28th September 1982 at 6.00 p.m. in the Robens Suite. Everybody is welcome to come to this and our future meetings.

This Month's Cover

This month's cover – another from the pen of Ralph Wingent – first appeared in the *Gazette* of February 3rd, 1912. It was used then, as it is now, to introduce an article on Dickens, and in particular his most famous medico, Mr. Bob Sawyer, late Nockemorf. This time it accompanies the first instalment of a monograph by the late T. B. Layton, first published in the *Gazette's* Jubilee issue of December 19th, 1936, which celebrated the fiftieth anniversary of the *Gazette's* second series of publication (although, of course, it was first published in 1872).

Caption Competition

The photograph shows Thomas Guy during the restoration of the West Wing, when he was enclosed to prevent accidental damage (or so it was alleged . . .)



(Photo by courtesy of Andy Northern, Editor of Spectrum)

DATES FROM THE MEDICAL DIARY

September

Mon. 20—*Final Conjoint Examination may begin.
—*Projects for the Richard Ellis and Handicap prizes must be handed into the Paediatric Department not later than this date.
Mon. 27—Basic Medical Sciences Examinations (resit) begin.
Mon. 27—Clinical course begins.
Thur. 30—Entries close for the M.B. B.S. Examination in November.

DATES FROM THE DENTAL DIARY

September

Fri. 10—Applications for the Third B.D.S. (Nov./Dec.) Examinations, Parts I, II, III, IV and V (obtainable from the Medical School Office) must be left in the Medical School Office not later than this date.
Mon. 13—Written Paper for Final Year Prize – this week.
*Mon. 13—Final L.D.S. Examination, Part II (Dental Prosthetics) begins.
*Mon. 13—Applications close for the First L.D.S. Examination.
Mon. 13—Entries close for the Prize in Children's Dentistry, including Orthodontics.
*Mon. 27—Final L.D.S. Examination, Part I begins.

Obituary

Dr. Nathan Mutch, M.R.C.S., L.R.C.P., M.B., B.Chir., M.D., F.R.C.P.

The death of Dr. Nathan Mutch at the age of 96 has severed one of the last remaining links between that distinguished group of Guy's physicians of the interwar years and the present generation. Although to some degree overshadowed by his more famous contemporaries, he nevertheless made his own particular contributions to the medical scene of those days and he was ahead of his time in realising that the study of drug action in a clinical context was to be a subject of increasing importance. He was, indeed, the first clinical pharmacologist at Guy's and his retirement was followed by the establishment of an academic department of pharmacology.

He was educated at Manchester Grammar School and Emmanuel College, Cambridge where he obtained first class honours in parts I and II of the Natural Sciences Tripos. He married the third daughter of Sir William Arbuthnot Lane.

He was elected consultant physician to Guy's in 1918 and retired in 1946. During this time, in addition to his clinical duties, he acted as director of the pharmacology department and also built up a large and successful private practice. In the 1939–45 war, he was in charge of medical arrangements at Farnborough Hospital, where he organised a very efficient unit which played an important part in the continuation of undergraduate teaching.

His interest in pharmacology started while at Cambridge; he was a founder member of the British Society and on the editorial board of the *British Journal of Pharmacology and Therapeutics.* His main contribution to therapy was the introduction of magnesium trisilicate as an antacid for the treatment of peptic ulcers. This advance avoided the risk of systemic alkalosis and, in addition, silicate released in the stomach may have had some protective effect on the gastric mucosa. He also had a wide-ranging interest in other aspects of treatment and his lectures and papers in the '20s and '30s were often valuable reviews of new drug or therapeutic measures: one of his last was an account of the recently introduced sulphonamides, which underlined his interest in the emerging field of antibacterial treatment.

He was a quiet, unassuming person and though it is easy to look back on some of the therapy of fifty years ago with a certain amount of derision, one must pay tribute to those who tried to bring scientific validity to the use of drugs at that time. Nathan Mutch was one of that small band of physicians.

J.R.T.

Appreciation

John Carruthers

With the departure of John Carruthers, to take up his new appointment as Administrator to the Dartford and Gravesham District, Guy's has lost a true and trusted friend. He first came to the Hospital in July, 1957, when he was appointed a Junior Administrative Assistant. His talent for hospital administration soon became obvious and in 1962 he was promoted to the post of Assistant Secretary to the Board of Governors. His special responsibilities included the supervision of hospital building programmes and he was very much concerned with the completion of New Guy's House and the restoration of Guy's House. In 1969, he became Deputy Clerk to the Governors and from that time onwards was involved in all major questions of Hospital policy. When the 1974 re-organisation took place, he was appointed our first District Administrator and became Chairman of the D.M.T. During the eight years in which he held this position, his leadership did a great deal to minimise the difficulties which beset the undergraduate teaching hospitals and his personality did much to cement the very cordial relationships that became established between the senior medical, administrative and nursing staffs at Guy's.

John Carruthers has a shy and modest personality and to those who did not know him well he may at times have appeared to be a somewhat distant figure, but those of us who were privileged to work with him soon found that underneath his unassuming exterior, lay quite exceptional qualities. He had an uncanny instinct for summing up a situation and finding a satisfactory solution, he was completely honest and unselfish with no thought of personal advancement or gain, his one concern being the welfare of the Guy's District and he was a loyal colleague and friend. He always remained calm in the face of difficulties and his courtesy and tact have frequently defused potentially explosive situations.

John Carruthers (right) receiving a presentation from Mr. A. E. Orchard-Lisle

He has always believed that the amalgamation of the Guy's and Lewisham Districts would be to the long-term advantage of both, a view which I am sure will prove to be correct, and he worked assiduously to this end, although he knew that if it came about, his own career at Guy's would almost certainly be ended, as the Administrator of the new combined district would have to be "neutral" and not come from either Guy's or Lewisham.

This has now occurred and while one appreciates the reasons behind this decision, the loss to Guy's of a man of his ability and stature must be a blow which we can ill-afford. We wish him every success in his new appointment and know that Guy's loss is Dartford and Gravesham's gain.

The Hospital and District owe him a great debt of gratitude; he has served us well and history will, I am sure, accord him the accolade of being a great Guy's man.

K. McL.

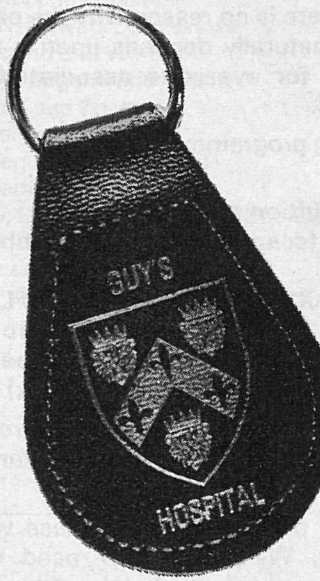
Clubs' Union News

The Clubs' Union's Bar Steward, Les Day, died suddenly on 4th August. Les worked hard in the student bar and ensured a certain uniformity of approach over the eleven years that he was with us. We offer our sincere condolences to his wife and children.

The Union Officers are still building up the tissues in various parts of the world in readiness for Freshers Week. A few remain at Guy's in order to make the Freshers' Handbook a reality. I urge all readers to refer to the article concerning the Stephen Duckworth International Rugby Festival.

Lawrence Maule

Guy's Hospital Key Rings



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The Stephen Duckworth International Rugby Festival

by Stephen Kennedy

Thanks to the efforts of the London Marathon runners, the organisers of the Summer Festival and Jazz Evening and the generosity of private donors, the Stephen Duckworth Appeal Fund has passed the £20,000 mark. We are now rapidly approaching the major fund-raising event, the International Rugby Festival, at Honor Oak Park, on Sunday, October 10th. The day's success, and there is no reason why the present figure of £20,000 should not be doubled, naturally depends upon a massive Guy's turn-out. **Here is an opportunity for everyone associated with the Hospital to support the Appeal Fund.**

There will be the following programme of events:

11.00	**Gates open**
12.30	**Mini-rugby exhibition games**
1.15	**Page 3 models (scantily attired) v Combined Guy's Nurses and Physios**
1.30	**Veteran Medics XV v The Rugby Club of London's Golden Oldies**
3.00	**International Medics XV v Public School Wanderers International XV. The Teams are listed below.**
19.00	**Disco (the Final event of Freshers' Week)**

In marquees scattered about the ground there will be numerous bars, barbecues and tombola stands. Additional entertainment will be provided by the Royal Marine Band.

Entrance will be by programme only; these will be on sale from the beginning of September. We desperately need volunteers to help sell programmes; indeed, also people to help on the day. Anyone interested should contact the Appeal Fund Committee on **407-7600 Ext. 2722/3.**

INTERNATIONAL MEDICS XV

15	J. P. R. WILLIAMS, St. Mary's, Bridgend, Wales	FB
14	CLIVE MEANWELL, Bristol, London Irish, Ireland B	RW
13	PHIL CROWE, Sydney, Oxford Univ., Australia	Centre
12	CHARLES RALSTON, St. Mary's, Bath, England U23	Centre
11	CHRIS WILLIAMS, St. Mary's, Cambridge Univ., Wales B	LW
10	HUGH CONDON, The London, London Irish, Ireland B	FH
9	ALUN LEWIS, St. Mary's, London Welsh, Lions	SH
8	CHRIS NEVILLE, Guy's, London Welsh, Wales B	No. 8
7	JOHN O'DRISCOLL (Capt.). Westminster, London Irish, Ireland	Flanker
6	ANDY DUN, St. Bartholomew's, Wasps, England U23	Flanker
5	BRIAN KEEVIL, Guy's, Blackheath, Kent	Lock
4	RICHARD THOMAS, Westminster, London Welsh, Wales B	Lock
3	JOHN FRASER, Westminster, London Scottish, Scotland B	Prop
2	KEN KENNEDY, Guy's, London Irish, Ireland	Hooker
1	PETER ENEVOLDSON, St. Mary's, London Irish, England U23	Prop

Replacements and Touch Judges:–

BARRIE CLEMENTS, Univ. Capetown, Western Australia
TONY WATKINSON, Royal Free, Oxford Univ., Surrey
JOHN RAPHAEL, Northampton, England
CHRIS HUGO-HAMMAN, Univ. Cape Town, Oxford Univ.

PUBLIC SCHOOL WANDERERS INTERNATIONAL XV

15	PETER BUTLER, Gloucester and England	FB
14	CLIVE REES, London Welsh and Wales	RW
13	NICK PRESTON, Richmond and England	Centre
12	ALAN MORLEY, Bristol and England	Centre
11	ROBERT ACKERMAN, Newport and Wales	LW
10	GARY PEARCE, Bridgend and Wales	FH
9	GERALD WILLIAMS, Bridgend and Wales	SH
8	BOB HESFORD, Bristol and England	No. 8
7	MIKE RAFTER, Bristol and England	Flanker
6	DAVID COOKE, Harlequins and England	Flanker
5	BOB WILKINSON, Bedford and England	Lock
4	ALASTAIR McHARG, London Scottish and Scotland	Lock
3	AUSTIN SHEPPARD, Bristol and England	Prop
2	STEVE MILLS, Gloucester and England	Hooker
1	GORDON SARGENT, Gloucester and England	Prop

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are September 10th (Freshers' Edition) and October 15th.

Copy may be sent to us at Mary Sheridan House, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers. When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).
Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

United Medical Schools of Guy's & St. Thomas's Hospitals

by J. C. Houston, Dean, U.M.S. of Guy's and St. Thomas's Hospitals

On August 1st 1982, St. Thomas's Hospital Medical School officially merged with Guy's Hospital Medical and Dental Schools to form the United Medical Schools of Guy's & St. Thomas's Hospitals (U.M.S.). The Governing Bodies of the two separate Schools have been dissolved and a new Council of Governors of U.M.S. has been established. The Chairman of this new body is Sir John Greenborough and its members include the Chairmen of the former Guy's & St. Thomas's Councils (Lord Robens and Sir David Woodbine-Parish respectively). There is now one Academic Board and one Finance Committee of U.M.S. with representatives from each campus and officially, by reason of seniority, I am Dean of U.M.S. and Mr. Victor Warren from St. Thomas's is Secretary. However, there will still be two entries in the U.C.C.A. handbook, listed as U.M.S./Guy's and U.M.S./Thomas's, and prospective students will be able to apply for either of these, but not both. In other words, education on the two sites will continue very much as hitherto and the Dean of St. Thomas's (Dr. Brian Creamer) will continue to be in charge of the St. Thomas's campus. The Finance and Accounts Office of U.M.S. is being established at Guy's and the secretariat will be at St. Thomas's.

Thomas Guy was a Governor of St. Thomas's, at that time situated on the North side of St. Thomas's Street, and, after the opening of his own Hospital in 1726, the two institutions became known as the United or Borough Hospitals and students of one freely attended lectures and operations at the other. However, friction between the two Hospitals developed in 1825 and, after a notorious row in 1836, teaching on the two campuses became quite separate. In 1869, the development of the railway forced St. Thomas's to move to their present site in Lambeth. Good relations between the staffs of the two Hospitals survived these changes (the United Hospitals Dining Club, founded in 1826, is still very active) and the establishment now of U.M.S. is a happy expression of this longstanding friendship.

However, there are more compelling reasons for the present merger than our close and friendly historical association. In 1968, the Royal Commission on Medical Education recommended, for academic reasons, that the London Medical Schools should be amalgamated into a smaller number of larger Schools and, although the specific Todd recommendations were not implemented, the prolonged debate which followed publication of the Report set the scene for the more recent discussions, which have led to the establishment of U.M.S. The Flowers Committee was set up in 1979 on the recommendation of the London Deans because they recognised that declining University funding would soon make it impossible to maintain the high standard of medical education in London on the current pattern and, indeed, that some Schools might well not survive the coming economic blizzard.

Subsequent discussions made it clear that, for different reasons, both Guy's and St. Thomas's, together with almost every other School in London, might become vulnerable in this climate. I believe that the establishment of U.M.S. has put us in a strong position to weather this and future storms and, equally important, that it has done so without any fall in educational standards or any loss of the special qualities of life on the two campuses which we all rightly prize so much. Under the new uniformed administration, we shall be able to exploit the special strengths of each campus to the benefit of both and generally to make the best use of all available resources; while the retention of campus-based teaching will avoid for both students and staff the disadvantages of working in a much larger, impersonal institution. The incorporation into U.M.S., during the coming year, of the Institute of Dermatology and the Royal Dental School will add further to the strength and prestige of what is now the largest medical institution in London. We can look forward to the future with great confidence.

Dental notes

by **A. D. Robinson**

Another Dental Disease

Acid erosion of teeth has had occasional mention in dental journals over many years, but it still does not seem to be readily recognised. It is a condition which appears to be on the increase. Experimental evidence on the subject is relatively scarce and the condition is complicated by mechanical factors, but there is no doubt that acidic foods and drinks can promote destruction of teeth. Lemonades, squashes and fruit-juice concentrates, some natural fruits, some wines, vinegar and even apparently innocent items such as yoghurt are suspect as causative agents.

How much and how often do you have to imbibe for the signs of erosion to appear? At one end of the scale, one sees the weight watcher with slight etching of the enamel after a year or so of regular daily fruit or fruit juice. At the other end, one sees the person who has had four or five oranges a day for twenty years or more and has suffered massive disfiguring tooth destruction. One sees the young person who has been indulging in soft drink orgies for a few months, who has localised lesions of one or two teeth, and one sees the individual who habitually "savours" the soft drinks, who has suffered widespread destruction of dental tissue. It is believed that the condition progresses more rapidly in the presence of sugar. It is not known if all individuals are equally susceptible.

Clearly one cannot and need not advocate complete abstinence from fruit and acid drinks. We should, however, be on the lookout for early signs of the conditions and should be counselling moderation in the consumption of acid foods and drinks. The advanced stages of this condition constitute a dental disaster and may indicate very difficult and costly restoration or even, perhaps, loss of many teeth.

There is another possible cause, the dental signs being much the same as for the fruit eaters and soft drink swillers. This is the habitual regurgitation of stomach contents by dyspeptics, anorexics and hysterical vomiters. There is little purpose in treating the dental condition of this group of patients without first getting control of the medical problem.

Dickens's Medical Students. Part I

by T. B. Layton

Except for a weird figure in a gruesome tale, the only medical students in Dickens's works are those in the *Pickwick Papers.* Two appear early in the second volume, when the Pickwickians at Christmastide are paying their second visit to Dingley Dell. We read of them next at the party to which Mr. Pickwick and his fellow travellers were invited to meet *'a few medical fellows that night.'* Although but two chapters are given up to these characters, they are so clearly drawn that we know them intimately when we come across them again as qualified medical men in the last six chapters of the book. It is one of the wonders of this extraordinary work that the youthful Dickens could in so short a time and in so effortless a manner depict for us two figures that remain for all time, and place in the background some half-dozen others that are sketched in as vividly though less fully.

We do not know the names of all *'the medical fellows'* at the party. We are certain of the hospitals of only two. Mr. Robert Sawyer, the host, was a Guy's man. We learn that from his conversation with Mr. Pickwick as the house party at Dingley Dell was breaking up:–

"I wish you'd come and see me," said Bob Sawyer.

Nothing would give me greater pleasure," replied Mr. Pickwick.

"There's my lodgings," said Mr. Bob Sawyer, producing a card. "Lant Street, Borough; it's near Guy's, and handy for me, you know. Little distance after you've passed St. George's Church – turns out of the High Street on the right hand side the way."

Dickens knew it well. It is the street in which he had lived as a boy while his father was in the Marshalsea. Often must he have left that gloomy building, after parting from that jovial soul, to walk down the High Street past the church with that profound depression of the spirits that is possible only to the young and that is reflected in his ironical description:–

There is a repose about Lant Street, in the Borough, which sheds a gentle melancholy upon the soul. There are always a good many houses to let in the street; it is a bye-street, too, and its dullness is soothing. A house in Lant Street would not come within the denomination of a first-rate residence, in the strict acceptation of the term; but it is a most desirable spot nevertheless. If a man wished to abstract himself from the world – to remove *himself from within the reach of temptation – to place himself beyond the possibility of any inducement to look out of the window – he should by all means go to Lant Street.*

It is one of those streets in the Borough which it is still possible to envisage as it was one hundred years ago. Gloomy it is as one enters it *'on the right hand side the way.'* High buildings which are of recent date and are devoted to commerce make it appear narrower even than it was, but after some hundred paces the factories and warehouses give way to a row of small houses on either side. That on the left is comprised of some four only; beyond them the building line has been set back and the road thus widens. Those on the right extend for the rest of the street and must look very much as they did when young Dickens lodged there. That they will not do so much longer is suggested by certain baulks of timber propping up some of the fronts that threaten to fall forward. No. 53 is named *"Dickens House,"* and tradition therein states that it was in the top back room of this that he lived while his father was in the Marshalsea. We suspect that this was not so. We feel almost certain that in describing the party Dickens had a mental picture of the house where he had lodged. No. 53 is the one house in the row that will not fit it. As we read of *'the preparations for the reception of visitors'* or of Bob Sawyer's *'interview with his landlady'* Mrs. Raddle, we get an impression of an incredible narrowness of entry, of passage and of stairs which seem to encroach upon one and hem one in. A single glance within the open door of No. 55 brings up the scene. The entry is so narrow that one can feel one's shoulders rub along the walls on either side. Yet as one gets a glimpse of the stairs at the end one sees they are still narrower, with an even more narrow side-passage to the kitchen stairs down which *'the handmaid, who had been brought up among the aboriginal inhabitants of Southwark, disappeared.'* It is the type of house in which every square inch of floor space and every cubic inch of air has been skimped in order to keep down construction costs. It was doomed from the day of its foundation to form part of a slum. No. 53 is entirely different. As the door opens you enter a hall, spacious for a house of this size; in front is an arch, after passing which no one could have *'stumbled upstairs,'* the flight is wider than in most suburban houses that are being built to-day. There is a good parlour on the ground floor front with a medallion of Ceres over the fire-place. Other medallions are on the ceiling with incrustations of plaster joining them to the central point. The ground floor back is a roomy kitchen with a large dresser, which is a structure sufficiently unusual in the neighbourhood to be specially pointed out to the visitor, as is also an eight-foot kitchen fender reputed to have been in the house when Dickens was there. No one could have fitted an eight-foot fender into the houses of those inhabitants who directed *'their energies to the letting of furnished apartments.'* Local tradition accounts for the house by saying that it used to be occupied by a Lord and Lady Lant after whom the street was named. A row of bells still hanging over the kitchen door is shown as evidence of this. We have not checked the historical accuracy of this tradition. We think it more likely that the builder who built the street put up one house of decent dimensions for his own use, and was influenced by the type of decorations that had been introduced by the brothers Adam some time previously.

Nearly opposite to No. 53 is a small public-house recently rebuilt. We read that the tumblers, *'which had been borrowed from the public-house, were great, dropsical, bloated articles, each supported on a huge gouty leg.'* We are not told its name. It has been changed since that time, for today it is known as the Gladstone Arms. This liberal tradition is supported in the street by a large school built by the London County Council and called the Charles Dickens School. If the shade of the writer still haunts the street that left him with such bitter memories, their gloom must be relieved four times daily by the prattle of the voices and the patter of the feet of the children that he loved as they go under guidance of a friendly policeman to and from the school named after him.

The first of the *'medical fellows'* to arrive was Jack Hopkins. He was from St. Bartholomew's and a typical Bart.'s man he was. He takes possession of the stage at once. He was the life and soul of the party, and he was the only one with the courage to tackle the landlady when she broke it up. He is the young man keen on surgery and devoted to his chief. He is late – a habit of young surgeons – having *'been detained at Bartholomew's.'* There ensues a discussion on *"shop"*, but it is not Mr. Hopkins that starts this. It is Mr. Pickwick, and Mr. Hopkins replies that the cause of his detention was *'rather a good accident brought into the casualty ward.'* Mr. Pickwick, in the way that elderly laymen have, wants to know all the lurid details, and Jack Hopkins is led on in his talk from answering out of politeness to a boasting account of his chief Slasher's abilities. Then, realising he has said too much, he starts to pull Mr. Pickwick's leg with the story of the necklace. It is an excellent story, excellently told. It begins in a quiet, almost a dull, way. Any physician would be delighted with the opening sentences in a clinical report, but it gathers momentum in a way no clinical clerk can emulate, and a sketch of the family at dinner brings it to a climax with the words *'The father caught the child up and ran with him to the hospital.'* It ends shortly with the precautions taken *'for fear he should wake the patients.'* We can see Mr. Pickwick's eyes getting rounder and rounder, we can almost feel his mouth opening as the muscles of his jaws relax in wonder:–

"That's the most extraordinary case I ever heard of," said Mr. Pickwick, with an emphatic blow on the table.

Mr. Pickwick had 'swallowed' it in spite of a hint at the beginning by the narrator. Mr. Jack Hopkins is a judge of human nature, and is certainly a student of whom St. Bartholomew's may be proud. His story is a standard one in clinical medicine, and if there is anyone who does not know it he or she should keep the fact quiet and remedy it by reading the fourth chapter of the second volume of the Posthumous Papers of the Pickwick Club.

(This is the first in a series of articles by the late T. B. Layton, first published in the Gazette in 1936 – Eds.)

The Joseph Levy Chair in Paediatric Cardiology

by M. C. Joseph

In June of this year, the University of London conferred the title of Professor in Paediatric Cardiology on Michael Tynan, paediatric cardiologist at Guy's. The Chair has been made possible by the immense generosity of Joseph Levy and his son Peter, of the Joseph Levy Foundation.

This Foundation has benefited both the Medical School, especially the Paediatric Research Unit, and the Hospital for many years. Equipment for the intensive care of children following heart surgery has been generously donated in the past and is mainly based in the paediatric unit of Russell Brock. At the time of the formal presentation of this equipment, Joseph and Peter Levy announced that they would like to further the work in children's cardiology, and had we any ideas. It so happened that one of the ways forward which we had considered was the creation of a Chair, but who would fund this at a time when University funds are very scarce? Thus was born the germ of a seed which has blossomed, and now come to fruition.

When the details of finance were discussed, between the Foundation and the Dean and Donald Bompas, Joseph Levy was heard to whisper: *"We could have bought a cheaper chair at Harrods!"*

This Childrens Intensive Care Unit was equipped through the generosity of the Joseph Levy Charitable Foundation 1978.

Joseph Levy, Dr. Michael Joseph and Michael Levy photographed on the occasion of the endowment of the Children's Intensive Care Unit in 1978.

We would like to record our thanks to those who have helped to make this Endowment possible and particularly to Lydia and Arthur Franks; to the Levys we can only say again a very big thanks. Guy's Hospital Medical School has gained a Chair, and the National Health Service a new consultant paediatric cardiologist who will replace Michael Tynan shortly.

The development of our service in congenital heart disease, and for further research in its causes, will be greatly enhanced. It is particularly appropriate that this Chair should be at Guy's where the earliest contributions to congenital heart disease were first pioneered by Maurice Campbell and Russell Brock.

Dental Society Report

by Douglas Miller

"The Alcoholic Debate" – Dr. Marsha Morgan, M.B., Ch.B., M.R.C.P.

The alcoholic debate took place on 16th February 1982, with the speaker being introduced by Mr. A. D. Robinson. Dr. Morgan is a Senior Lecturer at the Royal Free Hospital and specialises in alcohol-induced problems; she is also the only lady doctor in the Royal Naval Reserve.

Excessive alcohol drinking is a serious hazard world-wide, and in order to put across the concept in its widest sense, Dr. Morgan presented the talk as a "for and against" debate.

The alcohol content of a drink is important. One half pint of beer has as much alcohol content as a glass of wine, or sherry, or a measure of whisky (8g of alcohol). On consumption, peak blood-alcohol levels are reached in one hour, (absorption is fairly rapid). The amount of alcohol (in grams) produces twice the figure (in milligrams) in the blood in one hour; i.e. one pint *of beer (16 grams) will produce a blood alcohol level of 32 milligrams in one* hour. The alcohol is eliminated from the system within six to eight hours, thus intake supplements during the period of elimination will lead to cumulative effects. As an example, Dr. Morgan described the typical dental student's luncheon as being one glass of sherry, two glasses of wine, and a brandy, *giving a 75% blood alcohol level. Following a strenuous phantom-head* session in the afternoon, the student may then have two pints of beer in the evening. Because some of the alcohol from his lunch hasn't been eliminated, the extra two pints boosts his blood alcohol level above the legal limit of 80 mg %. If one has a 200 mg % blood alcohol level at midnight, the alcohol is not totally eliminated until at least noon the following day, so it is possible to fail a breathalyser test on "the morning after the night before". In women, a higher blood alcohol level is achieved for a given amount of alcohol taken than in man; this is due to the difference in the fat : water ratio of the two sexes.

Alcohol is a central nervous system depressant and apart from releasing inhibitions, it affects us in other ways. A blood alcohol level of 30 mg % can give rise to a car accident, or an accident with a probe or dental drill. If a male were to drink three-quarters of a bottle of Scotch (equivalent to a blood alcohol level of 400mg %) vomiting and possible coma would be induced; 600 mg % is approaching a fatal blood alcohol level.

Taking alcohol on a regular basis induces alcohol-lysing-enzymes giving rise to faster elimination, so effects are decreased; but, if liver disease is also a consequence of regular intake, elimination is slowed. An alcoholic has been defined as a person who drinks in excess of 80 g of ethanol per day (nine single whiskies, or five pints of beer, or seventy centilitres of wine). Although the D.H.S.S. figures indicate five hundred thousand alcoholics exist in this country, Dr. Morgan believes a truer figure would be 1.2 million (there are many occult alcoholics).

Alcohol consumption in all its forms in the U.K. is on the increase. Approximately nine thousand million pounds worth is bought each year. This is equivalent to 8% of all consumer expenditure. Ten percent of deaths in the 16–24 age group are related to drinking and driving. Alcoholic abuse results in many disease processes: liver disease, gastric disorders, pancreatitis and central nervous system disorders. Whenever alcohol use has been prohibited, the rate of deaths from liver cirrhosis has fallen, and, has risen again once the ban on alcohol has been lifted. Fifty percent of the cases of pancreatitis in the U.K. are alcohol related. The effects on the central nervous system can give rise to epilepsy or peripheral neuropathy and can severely affect one's powers of reasoning. Dr. Morgan was by no means finished; she hit her audience below the belt by pointing out that alcohol alone has a great effect on fertility, resulting in lower sperm counts; indeed 40% of a sample of 67 infertile males attending a clinic were diagnosed as having alcohol-related problems, and this situation was reversible provided the patient did not drink alcohol for a month.

Alcohol alone is not the cause of alcoholism, for, if this was the case, everyone who drinks would become an alcoholic. It is even thought that man was meant to have alcohol; after all, he has alcohol-dehydrogenase in his gastro-intestinal tract and is thus adapted for alcohol consumption.

Dr. Morgan even analysed the economics of alcohol in the U.K. Annual revenue from government taxation of alcohol is 3.5 thousand million pounds, and the alcohol industry employs 750,000 people (three times the number working for British Rail).

Pregnant women should not drink (many women have an aversion to alcohol during pregnancy), for it can lead to mal-development of the maxilla, mental retardation, stunted growth and pre-term delivery. It is interesting to note that Hogarth's illustration *"Gin Lane"* depicts two children who exhibit features of stunted growth.

Dr. Morgan suggested a "drinkers' diet" – a recommended pattern based on the assumption that drinking daily in any quantity would not allow for adequate tissue repair, if the tissues were damaged by alcohol: it is quite safe to have half a bottle of wine at the weekend with a major meal, and then have another half-bottle in the week (also with a meal). Dr. Morgan could not offer a practical cure for hangovers, but said that intravenous fructose eliminates alcohol readily.

if Dr. Morgan's debate appeared one-sided it was because alcohol, when taken in excess, has rather sinister effects in the body which far outweigh any real or imagined good it might do. Nevertheless, alcohol can be consumed as part of a sensible regime, without any long-term effects. It is worth adding that Dr. Morgan's talk dissuaded no-one from attending the wine and cheese reception kindly sponsored by Barclays Bank, at the end of the meeting!

The First International Congress on Nursing Law and Ethics

by Eileen Dixon

Israel, the birthplace of the ancient Mosaic health laws and with its Jewish tradition of care of the sick, was a most appropriate setting for the First International Congress on Nursing Law and Ethics. The Jerusalem Hilton was the venue for this event which was held from June 13th to 18th, and sitting in the air-conditioned comfort of the conference room, it was all too easy to forget that over the border in the Lebanon yet another Israeli war was being fought.

Mrs. A. Carmi, President of the Society for Medicine and Law in Israel headed the organising committee which was representative of Israeli national bodies for Nursing, Law and Medicine. Seven hundred attendees from twenty-five countries were welcomed by Mrs. M. Galili, Secretary of the National Association of Nurses in Israel.

The variety of papers presented reflected a grave concern that the achievements made in medicine have surpassed our ability to deal with the attending moral, legal and ethical problems. There is an ever-present danger that death will be stripped of its dignity and unless we can slow the pace of "progress", patients are now more likely to die surrounded by machinery instead of a loving family.

I was invited to present a paper on the legal aspects of surgery in England and early on in this congress became aware of the problems of communication at international level. All papers were presented in English with automatic translation in Hebrew, but the jargon of nursing, education and other countries made it difficult to understand some of the papers. This detracted considerably from what was otherwise a well-organised congress, and highlighted the need for an international language. It was Samuel Johnson who said, *"never use a big word when a small word will do"*, but the temptation was too much for some speakers. Here are some sentences, selected at random, used during the congress.

"For the health care provider in the institutional environment, a plurality of bioethical issues can impact on strategies of methodology affecting the holistic care delivery to clients in the care setting. Intersect between education and practice internalises the conceptualisation of specific competences for the autonomous specialist and the role-modelling process in quality education and the faculty committment serve to facilitate an expanded array of competences for model building. The formalising of nursing practice into facility procedures, through knowledge up-date, facilitates dialogue and the internalisation of the content vailidity. Implementation of a collaborative practice model for health care in the work setting impacts on client satisfaction, eliminating physiological compromise. The ethos of the socialisation process together with the experiental knowledge of the resource person facilitates the perception of cross-cultural ethical dilemmas and the administrative framework which applies to clients overall educational programming."

Ethics is a study which guides our judgment concerning the morality of human acts and it could be said that doctors and nurses generally have well-developed ethical standards. The traditional image of the nurse in England was of a carer of the sick, content to allow others to make decisions for her. This image is rapidly changing and the modern nurse is emerging as an intelligent, questioning professional facing a major challenge, and her responsibility is closely connected with a legal, moral and ethical liability. She can only meet this challenge if there is an improvement in nurse-education on law and ethics and she is no longer regarded as a pair of hands.

The many advances made in medicine have presented many ethical problems for nurses; transplantation, abortion, the desire of some doctors to prolong life at all costs and the doctor who orders the nurse to administer the fatal dose to the dying patient are just some examples of situations which raise fundamental questions. Ethics cannot be taught in the abstract but a general framework is needed to resolve some of the dilemmas.

In our daily life, each one of us is involved in ethical decision-making. Everyday nursing presents many ethical problems as nurses become increasingly involved in decision-making. Progress has brought a new range of problems and there is an increasing risk that nursing care can intrude on medical care.

Catherine Murphy of Boston College concluded her paper on the philosophical basis of nursing ethics with examples of how nurses and physicians interpret and apply general ethical principles differently and she stressed that nurses treat patients' entire human responses to health problems while doctors are limited to the diagnosis and treatment of patients' diseases.

Sister Penny Prophit, of Louvain University, analysed the significant ethical dilemma of suicide. She said that suicide is part of the experiential knowledge of thousands of people who commit self-inflicted death every year and quoted from Goethe, *"Suicide is an incident in human life which, however much disputed and discussed, demands the sympathy of every* *person and in every age must be dealt with anew".* She considered the moral responsibility of the professional in view of contemporary trends emphasising the value of free will and the avoidance of paternalism. Her controversial paper provoked some angry reactions from the audience, particularly when she referred to "Exit" as a method of suicide, rather than voluntary euthanasia.

Joanne Marie Paternostro, from Long Island, also presented a paper on this subject and she suggested that the stresses society places on some people can make death seem more desirable than life. She advocated further investigation into suicidal behaviour and said it is not always the suicide that is the tragedy, but the life that leads to it.

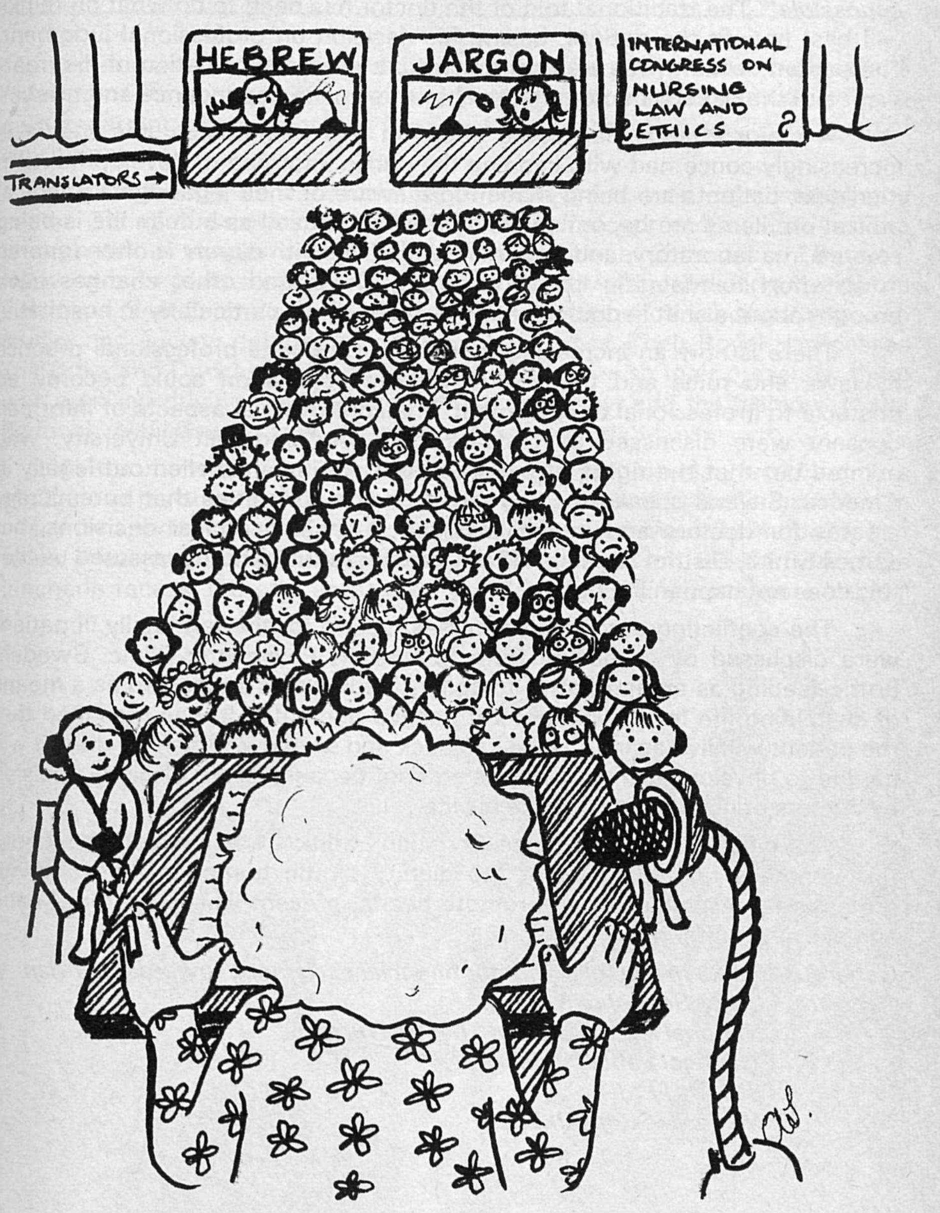
Distinctions between human rights and legal rights are often vague. Liberty is the very breath of our existence, allowing us to live a life of personal independence and something we take for granted in a democracy. *"The behaviour of doctors and their role in concentration camps and death camps was partly legitimised by medical planning and implementation",* said Ingeborg Mauksch, University of South Florida, herself a Nazi victim as a child. She asked how members of a profession committed to the sacredness of life allowed themselves to direct and be in charge of history's greatest genocide. She analysed this on the basis of an ever growing body of significant research findings, personal testimony and available documents. Applying this analysis to the world of today's health professionals, she questioned whether we have really learned anything from the Nazi problem and cited a list of severe violations which occur today in her own American society: *The deplorable health care in prisons; Overdosing of the aged with tranquillisers; Until two years ago, physicians took part in the death penalty; 40% of surgery performed is unnecessary; The syphilitic programme in Tennessee; Blacks denied admission to hospital.*

A number of speakers suggested that professional autonomy in nursing is impossible without a firm knowledge of the law, and George Annas, a lawyer from Boston said that nursing education proceeds as if law and ethics are either irrelevant or can be taught by nurses who lack professional degrees and training in both law and ethics.

The relationship of ethical viewpoints in research were examined, regarding double blind drug studies and research of questionable value, and the issues were evaluated from the perspective of the nurse as the patient's advocate and as a person with standing in the community.

Caring was a word used time and time again during this congress. It was explored, analysed, postulated and formulated, but it bore little relationship to Florence Nightingale's interpretation of nursing. Bob Tiffany, from the Marsden Hospital in London, was given a well-deserved standing ovation when he translated the caring concept to its practical application of enriching the quality of life for the terminally ill patient by replacing a curing environment with a caring one.

The codes of the International Council of Nurses and the American Nurses Association were suggested as teaching tools for nurses and it was agreed that the very nature of their work makes it imperative that they study ethics.


HEBREW
JARGON
INTERNATIONAL CONGRESS ON NURSING LAW AND ETHICS
TRANSLATORS →

L. J. Henderson, a great Harvard physiologist-philosopher, once said *"To speak the truth, the whole truth and nothing but the truth to a patient is absurd. Like absurdity in mathematics it is absurd simply because it is impossible"*. The traditional role of the doctor has been to do what he thinks will best benefit the patient, basing his decision on professional judgment. The patient, in turn, was well content with a simple explanation of his treatment and the patient-doctor relationship was one of dependance and trust.

A major change has come about in this relationship; the media is increasingly concerned with keeping the public informed of developments in medicine, patients are being made more aware of their legal rights, medical ethical problems are becoming clouded and confused as human life is being created in a laboratory, and patients right to die with dignity is often ignored in an effort to maintain life at all costs. These and other changes have brought about a shift in doctor-patient relationships, particularly in hospital.

There is now an increasing tendency to regulate professional practice by laws and rules and there is a risk that legislation could become an obstacle to professional development. The controversial aspects of informed consent were discussed by Lynda Brown, of Vanderbilt University, who pointed out that the rights of patients have now been spelled out legally in America. Several speakers commented on the difficulties that bureaucracy creates for doctors and nurses involved in making ethical decisions, but James Smith, District Nursing Officer, Brent Health Authority, assured us that this does not happen in England.

The conflicting demands on nurses caring for the terminally ill patient were discussed by a speaker from Sundsvalls Psychiatric Clinic, Sweden. Bottle-feeding as an alternative to spoon-feeding was suggested as a means of sustaining life for the patient with senile dementia. It was reasoned that the patient will live as long as he can suck and swallow. When he dies, it will be due to physiological deficiencies and not because of a conscious decision by doctors or nurses to terminate his life.

The influence of the Judaeo-Christian tradition was evident throughout this congress reminding us of the dignity of the human person and our professional responsibility to promote health, prevent illness, restore health and alleviate suffering.

Generous thanks to the following for financial assistance towards this visit:
Guy's School of Nursing.
National Association of Theatre Nurses.
Travenol Laboratories Ltd.
3M (UK) Ltd.
Medasil (Surgical) Ltd.

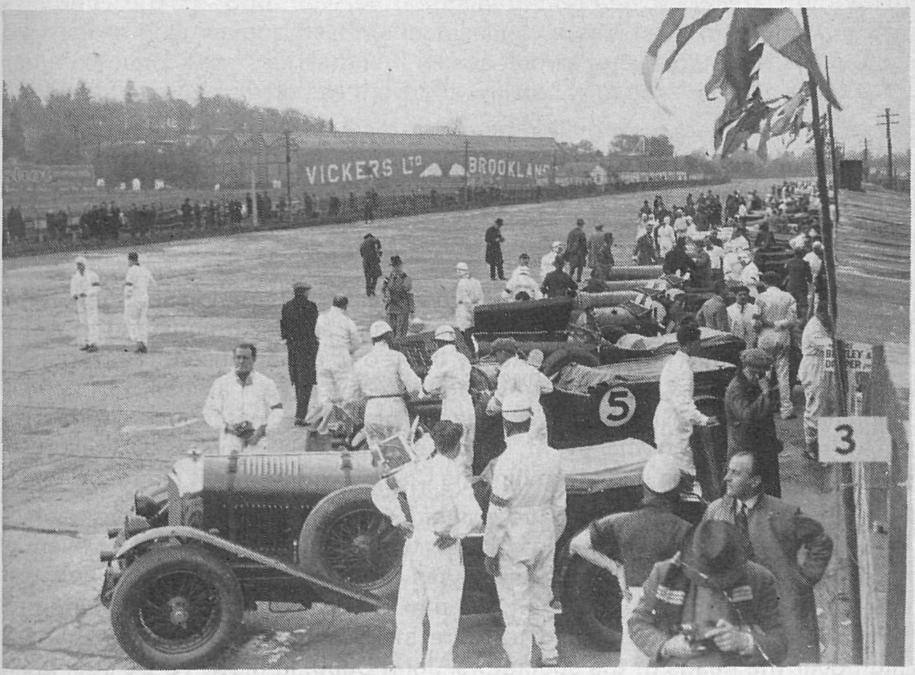
The Brooklands Guy's Gala Meeting, 1932

by Timothy Houlding

After exhuming my dusty motoring tomes from my ill-used bookcase, a few fragments of history have sprung from the yellowed parchments of antiquity regarding an event held at the Brooklands Motor Racing Circuit in aid of Guy's Hospital.

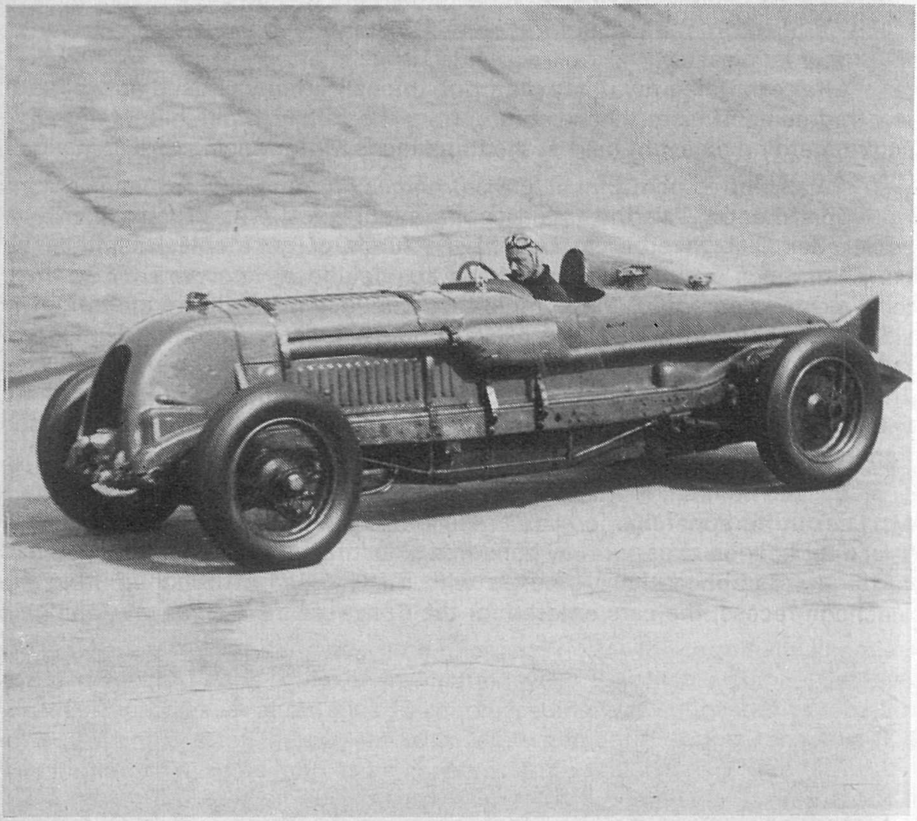
This meeting, so the faded copper-plate goes, was organised by the Junior Car Club in order to benefit the funds of our noble Hospital. The programme of events was scheduled to include a *Concours d'Elegance*, followed by a parade of the competitors' cars down the finishing straight, a visit by a *Graf Zeppelin*, a green-clad *Tzigane* orchestra playing Hungarian music, and society debutantes selling programmes. Their Royal Highnesses The Duke and Duchess of York graced Brooklands with their presence; there was a skilled driving test and an aerobatics display, and the fashions in the Paddock rivalled those seen at Ascot and Goodwood.

In the morning, medical students indulged in a one-lap race won by a Mr. Lees in his supercharged Lea Francis. The pre-noon antics culminated in a race for London taxis, won by London's oldest taxi-driver, who naturally had to be photographed shaking hands with Sir Henry (Tim) Birkin! During the luncheon recess, the cars entered for the *Concours d'Elégance* were judged,



A typical scene at Brooklands – the pre-race line-up for the 1930 Double Twelve Hour Race held on May 9th. The three cars nearest the camera are supercharged 4+ litre Bentleys.

these ranging from a white 1922 Morris Cowley to fine exampes of Delage, 8 litre Bentley and Rolls-Royce.



Tim Birkin at speed in his single-seater Blower Bentley which equalled Birkin's own Outer Circuit record during the Guy's Gala Meeting, at a shattering speed of 137.96 m.p.h.

Soon after the first race, the Guy's Gala Short Handicap, their Royal Highnesses arrived and took their seats in the Paddock grandstand to watch the second event. They were certainly treated to a magnificent race when Sir Henry Birkin set up the fastest average lap of the year at 124.33 m.p.h. in winning the Guy's Gala Long Handicap in his single-seater supercharged $4\frac{1}{2}$ litre Bentley. During the event, Birkin equalled his previous lap-record of 137.96 m.p.h. which had given him the Class C Outer Circuit lap record.

The next race was the Duchess of York's Race for lady drivers, which was won by a Miss Eileen Ellison in her type 37 Bugatti. The major event of the day, the Duke of York's Race, was then held over six laps and was confined to cars capable of over 100 m.p.h. Tim Birkin was out again in his single-seater Bentley, but had to retire afer losing a tyre tread which shot high over the heads of the spectators. John Cobb, in his V-12 Delage, broke the Class A lap record at 133.88 m.p.h., but had to take second place to Ashby's supercharged Riley.

A short interlude followed in which Flight Lieutenant Bulman displayed some remarkable aerobatics in a Hawker Hart biplane, after which the last race, the Guy's Mountain Handicap, was contested. The meeting concluded with a parade of the *Concours* competitors down the finishing straight and the arrival, on its way to Hanworth, of the *Graf Zeppelin*, which hovered low over the Paddock for a while, one engine revving slowly, until its other engine burst into song and it cruised gracefully away . . . .

Pupils' Physical Society

In the penultimate meeting of the 1981/82 session, there were two presentations of project or B.Sc. research work. Peter Soothill spoke on *"Biochemistry of mice with muscular dystrophy"*.

"There are two inherited muscle dysfunctions identified in mice; in the 129 strain the "Bar Harbour Mouse" (1955) and in the A_2G strain the *adr* dystrophy (1976). Both develop normally until about six weeks from when they fail to gain weight, become increasingly weak, have myotonic spasms and die young. The "Bar Harbour" mouse shows fatty infiltration and hypertrophy of the muscle whereas the *adr* is waisted with non-necrotic atrophy.

Two enzymes from three areas of metabolism were measured:

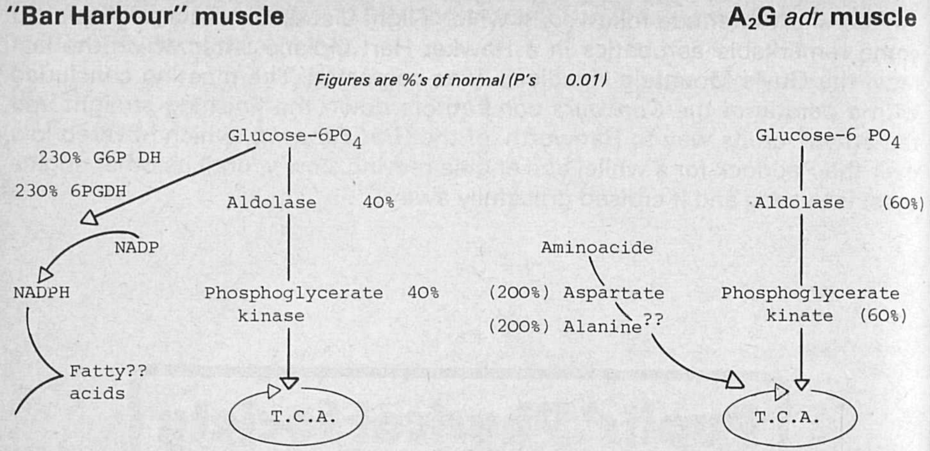
(a) Glycolysis – Aldolase and phosphoglycerate kinase
(b) Amino acid transferases – Aspartate and Alanine
(c) Pentose-phosphate shunt – Glucose-6 phosphate dehydrogenase (G6 PDH) and 6-phosphogluconate dehydrogenase (6PGDN).

These six enzymes were measured in gastrocnemius, heart, liver and brain from both mutants using established assays.

There were few significant abnormalities outside muscle. Only significant muscle enzyme changes are shown.

In response to the decreased muscle glycolyte activity (40% of normal), the "Bar Harbour" mouse may have increased fatty acid synthesis (and so increased cofactor NADPH generation) as a compensatory source of T.C.A. substrate. The A_2G *adr* mutant showed a similar decrease of muscle glycolytic activity (60% of normal), so the increased animo acid transferases could be providing animo acids as a compensatory T.C.A. substrate in this muscle. These hypotheses could explain the gross pathological changes already described.

Among many interesting questions raised in the discussion, Dr. Hicks asked about parallels with human disease.


"Bar Harbour" muscle
A_2G adr muscle
Figures are %'s of normal (P's 0.01)
Glucose-6PO4
230% G6P DH
230% 6PGDH
Aldolase 40%
NADP
NADPH
Phosphoglycerate kinase 40%
Fatty?? acids
T.C.A.
Aminoacide
(200%) Aspartate
(200%) Alanine ??
Glucose-6 PO4
Aldolase (60%)
Phosphoglycerate kinate (60%)
T.C.A.

The problem of obtaining control muscle tissue from normal children was stressed, but glycolysis does seem to be greatly reduced in duchenne-type dystrophic muscle. An increase in the pentose-phosphate shunt has been reported. The pathological features are also more like the "Bar Harbour" mouse."

Bob Heard had promised to talk to us on his paediatric project, but it took nine months and an M.B., B.S. degree before he was able to afford the time. In the introduction of his talk, entitled *"Neutrophil Function in Neonates"* he emphasised the frequency significance of infection in neonates and their impaired defences. Several deficiencies in polymorpho-nucleocyte (PMN) function have been described, including reduced random migration, chemotaxis, phagocytosis, killing and poor membrane deformability. Humoral immunity is, however, usually adequate.

In his project, Bob investigated whether there was an alteration in PMN adherence. Such changes are known to exist in various disease states (including diabetes mellitus, paraproteinaemias and leukaemias) and in the presence of some drugs (aspirin, alcohol and steroids). He compared PMN adherence of cord-blood from 10 neonates with adult controls using an *in vitro* technique in which the blood was washed through a glass column packed with glass beads. By making differential white cell counts on the blood before and after it was passed through the column, he was able to obtain an index of neutrophil adherence.

The results showed a marked deficiency in neutrophil adherence in the neonate compared with maternal blood. He postulated that either the neonate cells were immature, or that a serum factor for adherence was deficient. Bob finished his excellent talk by showing us pictures from other workers' results which demonstrated the presence of "pseudopods" on neutrophils. These "pseudopods" are necessary for adherence and neonates may have cells which have a reduced ability to form the pods.

William van't Hoff

Nursing

Walking towards Guy's Hospital on my first morning in the post of Nursing Process Co-ordinator, I could not be self assured. I stood and looked at the various buildings, including the very dominant Tower block, that make up this very large hospital. I tried to comprehend the size and imagine how many people worked there.

A Nursing Process Co-ordinator is a post which has developed out of the enthusiasm for the nursing process, so there wasn't anyone else's footsteps to follow in! My thoughts raced on – how and where was I to begin, what would my reception be? "Enough!" I said. The questions would all be answered in good time.

I was delighted to find that a carefully worked out orientation programme had been planned, which was to last eight weeks. It was all rather bewildering to begin with; so many new faces and names, so many places to get lost in. I purposely avoided the underground maze and braved the cold outdoors until I was forced down there by a torrential rain storm, only to find it rained down there too!

Over the next eight weeks, I was to meet all grades of nursing staff and be introduced to all the wards. I spent a day in each ward where the nursing process was in progress. This enabled me to meet the ward sister and discuss their individual problems relating to the nursing process. I was always received warmly by committed and interested staff.

Some of the sisters asked for criticism of what they did in relation to the nursing process, but in the beginning I only wished to listen, observe and build up my relationship with the ward sisters and their teams. I did not feel that criticism would achieve very much in the early stages. I promised I would return for longer periods, integrate myself into the workings of each ward and work through all the problems with all the staff. Since November 1981, I have worked in the clinical area for four days a week and the fifth day in the school of nursing teaching, planning and assessing progress.

What of the learners? There seemed to be many of them – some appeared to have a different understanding of what the nursing process was; some had never used it before and some did not want to. I found that a willingness to change had nothing to do with age.

I began by meeting the learners in the introductory courses and hoped, by beginning with the philosophy and principles of the nursing process, they would adapt to it more readily in the wards. I hoped I would meet many of them in their working environment to help reinforce it and iron out any of their difficulties. As was expected; the junior nurses took to it "like a duck to water". The continuing support and reinforcement from ward staff, clinical teachers and tutors will help to maintain their progress.

It was not so easy for some of the senior learners; some felt resentment and, naturally, inadequate in their knowledge of the nursing process. The head nurses in the management week are usually a very vocal group. Here we are able to discuss their problems and misunderstandings. It is rare now for any of these nurses to prefer working without the nursing process.

I also feel it is important to work some unsocial hours to help break the fallacy that more staff are needed to implement the nursing process at these times. By being there, I can help them to work through and solve their problems and show them how beneficial the nursing process can be to the person receiving care and to the nurse providing it.

Many trained nurses and learners tell me that the nursing process has been "abandoned" in the United States of America. Maybe they are looking for a reason not to continue using it or maybe they need reassurance about the financial and manpower input that has been given to introduce the nursing process in Britain.

I have considered the comment and will try to put it into a proper perspective. The USA is made up of 52 states; whilst the general principles of a nursing curriculum are applied throughout the USA, each adapts the principles to suit their particular environment and needs. The same applies to the nursing process.

Brian Kerwin wrote an article about the nursing process in the *Nursing Mirror* in February, 1980, after a visit to thirteen nursing establishments in the USA. He found that student nurses were supernumerary. During the students' clinical allocation, they are not, as in the United Kingdom, accountable to the nurse in charge of the ward, but to their instructor. Students were expected to prepare detailed nursing care plans, often as long as twelve pages; when completed, they were presented to the instructor – it was simply a paper exercise. *(B. Kirwin, "The ivory tower to the ward floor,"* Nursing Mirror, *Feb. 1980.)*

The Rush Presbyterian St. Luke's medical centre in Chicago practise what they call "primary nursing" and have been doing so successfully since 1972. Sue T. Hegyvary, Assistant Vice-President for Nursing and Associate Dean of the College of Nursing, described the role of a primary nurse as one who assesses the patients' needs for nursing care, collaborates with other health workers in providing daily continuity and co-ordination of care, plays the vital role of "patients' advocate" and evaluates the patients' response to care. The primary nurse is responsible for the total nursing process for the patient during his period of hospitalisation. *(S. T. Hegyvary,* Rush Presbyterian St. Luke's Medical Centre Journal, *Spring 1980).*

The primary care concept is to divide the unit or ward into sections, each with a leader responsible for the co-ordination of nursing care delivery. People vary the world over and what works for one country may not work for another. The nursing process in Britain has been adapted to suit our needs. In Guy's Hospital we are fortunate in having an enthusiastic and positive approach which has resulted in successful implementation in forty-six wards. This has been achieved by the clinical, managerial and educational staff working together.

Gilly Beail

Physiotherapy

Physiotherapists who trained overseas and who wish to become state-registered here may be accepted simply by virtue of the qualification that they hold and the establishment in which they received their training. Broadly speaking, nationals of the countries with whom the Chartered Society of Physiotherapy has reciprocal membership arrangements are eligible in this way. However, there have been great developments both in those countries and in many others which previously offered only a rudimentary training or none at all. We have been exercised as to how we can fairly assess the skills and competence of our visitors so that we can ensure that the public are not put at risk and that the worthy can practise. As we have no provision under the Professions Supplementary to Medicine Act for temporary registration, and as registration is an essential pre-requisite for employment, it is not possible to take someone on one's staff in order to have them work alongside our trained physiotherapists and make an appraisal of their safety and efficiency.

Assessment of courses of training is extraordinarily difficult without having inspectors sampling them over an extensive period to discover how the curriculum translates into practice. It is no wonder, when approval was being given to a particular course solely on written evidence, that employers in this country sometimes found the working standards of physiotherapists registered in this way to fall far short of what is regarded as acceptable here.

Usually, now, an applicant is invited to attend an interview-examination, probably in a hospital which has a physiotherapy school in it, and is advised what ground will be covered in the half hour assessment to be made by a senior clinical physiotherapist and a member of the teaching-staff of the School. The candidate has to be competent in the English language and will be questioned about the course of training she has taken and the experience she has gained since qualification. She is expected to demonstrate an understanding of applied anatomy and physiology, to be able to explain the pathology of conditions which she has met in her clinical work, and to have a grasp of the principles of operation of the pieces of apparatus in common usage in a physiotherapy department.

She will be asked to make an assessment of a patient such as she might expect to have to treat, and record her findings in the way she would write up a treatment record-card. She will then discuss the results and possible lines of treatment appropriate for this patient. A demonstration of two different types of treatment on a model – usually a physiotherapy student – concludes the ordeal.

Frequently, it is excessively difficult to make a valid judgement of a person's clinical ability in the course of one of these examinations. This may largely be due to an inability to communicate, as much as to any professional failings. Sometimes, it is embarrassingly clear after the first five minutes that the candidate's prospects of success are negligible and the whole affair becomes a misery. On the other hand, the joy of discovering a well-trained, articulate and professionally able physiotherapist is every bit as rewarding as it is in our own membership examinations. The trouble is, what advice can you give to someone who is probably all right but needs more experience, when she is not able to be employed and gain that experience until you say that she really is all right? It is not too bad if she can afford to support herself and can get an unpaid attachment in a hospital, or if she can find somebody to employ her as an aide and be willing to give her in-service training, but not many people are able to do either of these. We really do need an amendment which would give us the ability to grant provisional registration, and then we could make a proper and more reliable assessment.

Ronald Cooper

Book Reviews

"The Family Doctor: His life and history" by Ronald Gibson. Pp. 214. Price £9.50. Published by Allen & Unwin.

This is many books in one. A potted history of the origins of family practice, an account of the struggles between profession and state since the NHS began, the story of one doctor and how he became a family doctor, an affirmation of values strongly held.

And several different kinds of book. Thoughtful, scholarly, combative; a journal of record, a tract for the times, a manifesto for the future.

No-one is better placed to write such a book. Ronald Gibson has been at the heart of what he describes and, like any properly ambivalent doctor, is well able to see all sides of the argument.

The whole is permeated by his sense of change – in the tasks, the forms, the morbidity, the challenges: and of continuity – the constancy of the needs of people, the constancy of the values he holds to. Expressing these he manages to avoid the trap that lies before all of us: that some values can only be expressed in deeds – they fall to pieces when touched by words.

It is essential reading for all who wish to understand something of family doctoring and what family doctors have achieved since 1948 – sometimes with the help of others, sadly too often in the face of neglect and obduracy. I particularly recommend this book to the Chairmen of the new District Health Authorities. They will need to know what has been done when their officers tell them that nothing can be done.

P. M. HIGGINS
Professor, Department
of General Practice.

"Notes on Medical Bacteriology" Edited by J. Douglas Sleigh and Morag C. Timbury. 1st ed. Pp. 354. Price £5.95. Published by Churchill Livingstone.

It has always been the experience of the reviewer that it is easier to assimilate knowledge from well written prose than from information given in note-form. Having said that, it must be conceded that the authors of this book have successfully incorproated conciseness of style into a text which – far from being a mere catalogue of facts – is readable, instructive and also interesting.

As implied by the title, the book concentrates mainly on bacteriology, and is presumably intended as a companion volume to Professor Timbury's *Notes on Medical Virology*. The subject is dealt with in four main sections, headed *Bacterial Biology, Medically Important Bacteria, Bacterial Disease* and *Treatment and Prevention of Bacterial Disease*. Each section is excellent in itself, being both comprehensive and up-to-date, and proper emphasis is given to the clinical aspects of the subject. Viruses and other non-bacterial organisms are placed in perspective as agents of infective disease but, inevitably, are given little attention with regard to their structure and biology, or to the laboratory diagnosis of the diseases which they cause.

In summary it may be said that this book deals not only concisely but also very fully with the essential principles of medical microbiology in general, and with those of medical bacteriology in particular. For more complete information on the equally important non-bacterial organisms, however, other texts would have to be consulted. Perhaps the authors would do well to consider broadening the scope of the book to cover the wider field of medical microbiology in future editions.

A. L. JEANES,
Senior Lecturer,
Department of Microbiology.

"An Analysis of Primary Medical Care – An International Study" by W. J. Stephen. Pp. 401. Price £18.00. Published by Cambridge University Press.

Dr. Stephen is a G.P. in Somerset who as Sir George Godher, formerly C.M.O. at the Department of Health, says in his foreword, has travelled extensively in Europe (Western and Eastern) as well as in the western hemisphere largely on his own initiative to study the problems of general practice and their solution. He starts his book by reviewing definitions of general practice from different sources, concluding that they are all so all embracing and so utopian as to be unrealistic. It suggests that primary care should provide *continuity* of comprehensive care which is *accessible* and *available* at the time of need. Thereafter he goes on to consider different ways of achieving these aims as between single handed and group practices, the use of medical assistants (feldschers), and the relationship with general and specialist hospitals (so called secondary and tertiary care).

In reviewing the international scene from the primary care point of view, Dr. Stephen starts by describing the British National Health Service, giving his own interpretation of how primary care fits in and falls short of the ideal. These views, and his challenging questions about the drift towards an 8 hour working day for general practitioners, may not meet with general agreement, but will almost certainly lead to debate among many readers.

*The bulk of the book consists of descrip*tions of other countries in relation to their primary care services, and the associated manpower funding and distribution problem; some of these problems and the dificulty of their evaluation and audit are discussed in the concluding chapter.

Much of the information appears to be factual, although the author's own interpretation of these facts is very much in evidence. Some of the comments are based on these impressions, and his own ideas of what makes a good primary care. In this way, what might have been a series of turgid factual accounts has been made much more interesting and readable.

Apart from being a useful work of reference for those concerned with different health care systems, this is a thought provoking book which should interest all those with genuine concern for the direction in which general practice is going at the present time.

J. A. D. ANDERSON,
Professor, Department of
Community Medicine.

"Immunology of Cardiovascular Disease". Edited by Maurice H. Lessof. 1st Edn. Pp. 448. Price 154 Swiss Fr. Published by Dekker.

There has been a long-felt need for this book. Professor Lessof has organised the contributions from eight other distinguished authors into a volume which details the state of the art, and which should certainly be read by all physicians interested in cardiovascular disease. Perhaps its greatest value is to emphasise to the practising clinician the importance for both theoretical and in-patient management of the immunological aspects of cardiology. Each of the chapters deals clearly with an individual aspect of cardiac immunology and, although the style varies, the standard is uniformly high. The book forms part of a series on basic and clinical cardiology, but *the level of this first volume is so high, that* it is perhaps unfair to regard it as a basic textbook. It will prove to be an unmatched source-book, and has the hallmarks of becoming the standard work in this much neglected field.

EDGAR SOWTON,
Consultant Cardiologist.

"What Next, Doctor?" by Dr. Robert Clifford. Pp. 160. Price £1.00. Published by Sphere.

Shall I compare thee to a Yorkshire Vet?
You are quite different tho' you look alike.
Some parts are rather tame and dull, and yet
Thy stories of the poacher, trout and pike,
The dwarfs, the miner and the Chest Professor,
Will never have their golden value dull'd.
It is a light and easy read, but I confess a
Sense of "déjà vu" in style, that's mull'd
From a distillate of those who've made
Their names in writing similar prose before.
For Herriott knows thou wanderest in his shade,
And Gordon's lead will doubtless push thy pen to more.
But wherever there's a need to tell a tale,
"Inter city" reading such as this will rarely fail.
(With apologies to Shakespeare W.)

JON AYRES,
Registrar, Department
of Respiratory Medicine.

"Venereological Medicine" by J. R. and R. R. Willcox. Pp. 351. Published by Grant McIntyre Medical & Scientific.

This is a somewhat expensive "pocket" volume for what is provided. Firstly it is none too easy to read; the print and format do not permit the subject to be grasped easily. The title, moreover, is non-clinical and anachronistic. The contents, which *include some dermatological and urological* information along with information in sexually transmitted disease, are presented in a rather stereotyped manner. Thus this book consists of material to be found better presented in a number of other volumes and is too similar to many of its forerunners to be said to break new ground. The senior author (RRW) is of the generation of the retired epidemiological specialists in sexually transmitted disease, and the younger (JRW), his son, seems to have followed in his father's footsteps. Although this reviewer is not enthusiastic about it, this volume might just find a place as an *aide memoire*, but hardly under the present title.

A. S. GRIMBLE,
Consultant Physician,
Department of Geneto-Urinary Medicine.

"The Billings Method" by Evelyn Billings. 1st Edn. Pp. 255. Price £5.95. Published by Allen Lane.

The "Billings' Method" is a technique of identifying fertile and infertile days in the menstrual cycle by the feel and appearance of the mucus at the vaginal introitus. In enthusiastically evangelistic style, this little book promises the woman that after reading it she will be able to "recognise the signs of fertility and infertility, apply this information and skill to suit (her) needs, (and) experience the benefits of the method in terms of satisfaction, happiness and improved communication with (her) partner". It rightly extols the safety of the Method, and fairly recognises that about half the days of the average cycle will have to be regarded as fertile. The physiology of the "miraculous story of human reproduction" is lucidly described and illustrated, and the Method itself is explained and analysed so that non-medical women of average intelligence and educational level will understand it (whereas those below average will not).

The Method – in women who can adhere to the rules consistently – is claimed to have a failure rate of between 0.5 and 2.9% per year. But this figure is hardly representative for an unselected population. If "user-failures" are included, the trials indicate pregnancy rates of between 15 and 25%, even in women who commit themselves to using the Method. Many will not or cannot even get that far, Wade's trial of 1979 finding, for example, that 46% of women refused to continue the method long enough to enter the formal study and that 37% of entrants to the trial abandoned the method during the year of study. "Billings" envangelists would argue that these figures, unimpressive if seen as failures of fertility suppression, are to be expected in a method of "procreative choice" which allows couples to decide their priorities day by day (and which, one must add, many women will find dificult or impossible in practical terms). The Method will have attractions for women who find conventional contraception or sterilisation unacceptable and can tolerate a risk of pregnancy. The Book of the Method is good, but sadly guilty of "oversell".

B. H. HICKS,
Consultant Physician.

"Microbiology and Clinical Dentistry" by Frank J. Orland. Price £17.00. Published by John Wright.

I am unable to recommend this book, particularly to the audience specified in the Foreword. General dental practitioners, whilst being interested in the range of topics covered in this multi-author volume, will not really benefit from it. The topics covered, whilst unexceptionable as individual chapters, sit uneasily with each other.

The proximity of chapters ranging over the genetics of bacteria, the highly specialist electron microscopy studies of *Actinomyces* species, the pathology of a bewildering variety of infections in the oral cavity (many of which will never be seen in this country), bacterial adherence, the surgical treatment of infections and the sterilisation of dental instruments is an uneasy mixture. The chapter on sterilisation is obviously aimed at the American market, and it should be noted that it is illegal in this country for ethylene oxide to be used in dental surgeries.

Dental students will not find much of use to their clinical practice in this volume and the theoretical aspects of the subject are not the most up to date, nor the most pertinent. For the research worker, there are two reviews, one of bacterial adherence and plaque formation and another on the possible role of *Actinomyces* in oral disease. Neither is particularly up to date or comprehensive.

There are a number of excellent basic textbooks of Microbiology for dental students and practitioners, but this book will not join that group.

J. M. A. WILTON,
Reader in Oral
Microbiology.

"Tooth-Coloured Filling Materials in Clinical Practice", by L. W. Deubert and C. B. G. Jenkins 2nd Edn. Pp. 146. Published by Wright PSG.

The second edition of this handbook is a useful review of tooth coloured filling materials. The major changes since the first edition was published in 1972 have been the widespread use of the acid etch method of bonding resins to tooth enamel and the development of glass ionomer cements. The importance of silicate cements and unfilled resins has declined markedly although some practitioners still favour their use in certain situations.

There are seven chapters, all well illustrated, which describe the materials, cavity preparation, protection of the pulp, matrices, mixing, insertion and finishing, the acid etch technique and miscellaneous uses of resins. At the end of the book there is an extensive bibliography.

The chapter on the acid etch technique covers the innumerable applications of this method including the use of Rochette bridges and "Mastique" veneers. Their indications, advantages and disadvantages are clearly enumerated and illustrated. This chapter alone makes the book a good buy or "borrow" from the library.

This book can be thoroughly recommended as presenting a comprehensive view of tooth coloured filling materials in 1982.

A. H. R. ROWE,
Professor, Department of
Conservative Dentistry.

"Colour Atlas of Head and Neck Anatomy", by R. M. H. McMinn, R. T. Hutchings & B. M. Logan. 1st Edn. Pp. 240. Price £18.00. Published by Wolfe Medical Publications, London.

In many ways this is a beautiful book – the colour, the reproduction, the printing. The first section on bones is particularly good and many of the dissections have been admirably photographed. There are also notes about the photographs and these are useful and accurate with a few exceptions e.g. the meninges accompanying the optic nerve in the optic canal are not mentioned on pp. 25 and 225; the ophthalmic nerve does not pass through the superior orbital fissure (p. 25) although its branches do, as is correctly stated on p. 223.

The Preface says that identification numbers overlying individual structures and an adjacent key have proved to be universally popular with both undergraduates and postgraduates. This reviewer has his doubts as to whether this is the best way to indicate structures which are identified with great difficulty, especially if there is a large number of structures and many are crowded together (86 on p. 142–143, 86 on pp. 144–145). One can question the value of the picture labelled A on p. 140 in which more than 25 numbered structures are in an area 4 x 6 cm. It is suggested that fewer and only the more important structures are numbered in future editions. This will improve the value of the book.

There are also some very good X-ray pictures of the head and neck and a section on gross anatomy of the brain and spinal cord. Any student would derive considerable benefit from looking at these illustrations.

Because every structure is numbered, the importance of individual structures is lost. This feature of the book is emphasised by the Appendix which consists of lists of muscle groups, nerves and their branches, arteries and branches etc. Inevitably a student will have some dificulty in appreciating the importance of one structure as comapred with that of another.

This book can be recommended unreservedly to all libraries and people particularly interested in the detailed gross anatomy of *the head and neck.*

J. JOSEPH,
Professor, Department of Anatomy.

Correspondence

Teaching in General Practice

Dear Sirs,

I respect your views on the importance of general practice as a component in clinical training, but your Editorial (July 31st) is less than fair to the present medical curriculum in this regard. Guy's compares favourably with most other medical schools and was responsible for many innovations. We were awarded one of the first University Chairs in General Practice, and the Department of General Practice under the direction of Professor Higgins is active academically from its base at Guy's and clinically in its Health Centres at Thamesmead.

Guy's students enjoy three very influential sessions at Thamesmead in the first and second B.M.S. years, even before commencing full-time clinical work. Apart from the two weeks in a practice while on the "Regional" firm, the equivalent of a further two weeks – short in duration perhaps, but fairly intensive – is spent on a sessional basis at Thamesmead during the second clinical year. On a number of firms the "community" aspect of health care receives a great deal of attention, and rightly so. The aim, usually successful, is a new doctor with an accurate feel for the realities of medicine whether in general practice, district hospital or academic unit.

Yours sincerely.
BRENDAN HICKS,
Chairman, Clinical Studies Committee.

Dare Quam Accipere

Dear Sirs,

In your issue of July 31st you published a photograph of the statue of Thomas Guy "embellished" – or should one say "embarassed" – by a trivial and fortunately ephemeral sign of certain undignified activities in the Hospital in recent days. Your caption for this is *"Anyone for tennis . . ."*, and you ask for a more suitable one. May I suggest *"Dare quam Accipere"*.

It is well-known that to "serve" is better than to "receive" in the ancient game introduced into these islands three centuries or more before Thomas Guy endowed his hospital, in which an immense succession of people have served, many with little thought of receipts. Could a more fitting motto ever have been given to any hospital? In the same issue of your journal you record the death of Dr. W. C. D. Maile, of whom his obituarist says, *throughout his career he never forgot the Hospital motto"*. He was aged 93, which may explain much. Of course, like many of us, he also *"received"* from Guy's, not only as a student and graduate, but also as a patient.

I too have been a patient, several times, and the care which I have received, from *medical, dental and nursing staff, I* can never forget. But my debt is much greater than this: I spent the happiest years of my life – 25 of them – at Guy's, and I can recall great numbers of students, colleagues academic and clinical, technical, secretarial and administrative staff, cleaners and workmen in many crafts, in the Medical and Dental Schools and Hospitals, the Physiotherapy School, the old Works Department – the list is endless; and from all of them, in a multitude of ways, I learned something or benefited in some way. They enrichjed my life; they *gave* to me. I can only hope that in my turn I did at least as much for most of them. To have done less would have been shaming, and to have failed what I most admire in Mr. Guy's Hospital and its Schools: *"Dare quam Accipere"*.

Yours sincerely,
ROGER WARWICK.

55, Hall Drive,
Sydenham.

Dr. V. H. Bowles

Dear Sirs,

I am reporting the death of my colleague, Dr. V. H. Bowles, on Saturday 17th July, following an operation, at Swindon Hospital, three weeks ago for aneurysm of the aorta due to widespread atherosclerosis.

I think he entered the Dental School in 1927, and after qualifying in dentistry, went on to get his M.R.C.S., L.R.C.P. For some years he practised in Kenya, fought in the Abyssinian Campaign and in North Africa, and, on returning to the U.K. after the war, took his degree in radiology and was working in the Chichester group of hospitals. He was a member of the 1st XV for two years in 1923–33.

He leaves a wife Zöe and four children, two by his wife's earlier marriage.

Yours sincerely,
M. L. WALT.

Four Ways,
Low Road,
Wyberton,
Boston,
Lincs.

Sport

CRICKET

In continuing to relate the season's adventures, Ape must use the scorebook rather than memory to describe the next two matches. From the number of runs scored by the opposition they were probably good matches to miss.

Old Castletonians had a successful time plundering our bowling to reach 216 for 5. The record states that Mike Bellew took a catch; however, I suspect that it is a forgery. After tea, our reply started well with Dave Greenaway (45) and Dominic Beer (36) making valuable contributions. Though the target was too high to reach, defeat was avoided, Guy's finishing on 156 for 8.

Just a week later, another team of Carribean origin, this time Brixton West Indians, again took runs very much at will. 221 for 6 was the eventual declaration and this prompted an abysmal reply. North, Slater, Bryant, McGuckin, Heal and Bellew combined to produce 6 runs in helping Guy's to a total of 75 all out.

A much needed two week break then ensued before Crofton Park visited HOP. Guy's batted first and were given an excellent 99 opening partnership by Jolliffe (61) and Zbrezniak (38). Unfortunately, the momentum was not sustained and only Cranston with 26 n.o. produced a significant score. Tim Bryant, not for the last time this season (will he admit it in the tour report?) was a Golden Duck.

Chasing 157, our visitors replied steadily despite tight bowling from Cranston and Gregson, and the fact that Dave Heal's leg spinners were turning sideways. However, it was left to Charlie Tunnadine to settle the match with a spell of 5 for 3 in 4 overs, contributing to his match figures of 7 for 31. Crofton Park were dismissed for 133.

The next day a new fixture was played against Catford. None of our early batsmen really settled and slowly Guy's reached 65 for 5. However, first Simon Gregson (27) and then Ian Leonard (56 n.o.) got hold of the bowling, and with Dave McGuckin bashing a quick 24 at the end a total of 177 for 6 was reached. The Catford reply, despite quite reasonable bowling by the Guy's attack, always looked like making the runs. Though the opposing captain tried to help us by keeping down the scoring rate – he made a tedious 46 in nearly 2½ hours – the score reached 178 for 2 with 3 balls to spare.

Old Citizens was the last team to visit HOP this season and initially the game went Guy's way. Gregson, at one stage, had 3 for 10 and with some good fielding they were reduced to 65 for 5. However, as Guy's had done the previous week, from this position a recovery was launched and 164 was the target set. Victor Zbrzezniak's 52 n.o. was the anchor of Guy's reply, and Pete Jolliffe was the only other player to reach double figures. When Elaine Dare joined Victor at the crease with 5 overs left, even a draw looked unlikely. However, 5 overs later, Elaine having collected one run and one big bruise, they walked off together having earned the draw, the score ending on 98 for 9, much to the chagrin of the opposition.

As Ape does not deal in smutty gossip, disgusting innuendo, or the truth about Dave McGuckin, the tour report is being entrusted to others. However, the tour statistics are included in the figures that follow.

The season's results are not overly impressive:

Played	Won	Drawn	Lost
23	5	6	12

It is, however, more understandable considering that 62 players were used during the season and that the same team never took the field in consecutive matches – not even on tour!

The Averages

BATTING

(Qualification 10 completed innings)

	Innings	N.O.s	Runs	Average
P. Jolliffe	18	1	367	21.6
I. Leonard	18	3	264	17.6
C. King	13	1	188	15.7
V. Zbrezniak	13	1	179	14.9
S. Gregson	16	1	144	9.6
T. Bryant	10	0	33	3.3

BOWLING (Qualification 10 wickets)

	Ovrs	Mdns	Rns	Wkts	Ave
I. Cranston	97.3	25	223	18	12.4
C. Tunnadine	145.2	28	440	35	12.6
D. Heal	45	5	156	10	15.6
A. Williams	61.4	16	191	10	19.1
C. King	179	30	605	21	28.8
S. Gregson	62	5	295	10	29.5

Peter Jolliffe won the batting averages, even though 21.6 is hardly excellent form. No-one throughout the whole season scored a century and only two players, Charlie Tunnadine and Ian Leonard, scored two 50s. Tim Bryant won the Orange Sauce Award for the most ducks (5) and the irrepressible Mike Bellew chalked up the largest number of DNB's.

The bowling averages were just taken by Ian Cranston's medium pace ahead of Charlie Tunnadine, whose all round ability we were lucky to again have use of. Dave Heal's good, if reluctant, leg spin (he prefers to bowl medium pace rubbish) was also effective. Chris King bowled lots of overs. Finally, amongst the bowlers, mention must be made of our Captain. His variety of length, line, pace and style combined with amazing effrontery by even pretending to be a bowler brought him figures of 34.5 overs, 6 maidens, 4 for 155.

Finally, on behalf of the 62 players of last season, I must thank Richard and Jim (to whom we wish a speedy and full recovery) for impartial adjudication; Judy for faithfully recording each delivery; Snowy for resolute support through thick and thin (and it was mainly thin); and Joyce, Eric and Roy at HOP for keeping us fed and watered with somewhere to play.

APE

GOLF

Guy's Championship 1982

The Kenneth MacLean Scratch Cup

Now in its fourth year at Sundridge Park G.C, this event was held in glorious sunshine with a dry, fast-running course.

With 24 entries, including 7 Guy's graduates, the event grows yearly and is creating its own spirit, demonstrated by a 'phone call to Dr. MacLean from two Guy's men in Australia – Max Lindsay and Bill Tweed – to wish us well on the day; several old friendships were re-established.

The event takes the form of a 36 hole stroke-play event; whether scoring was not easy in the wind or the event precluded it, the morning scores were on the high side, with Simon Davies leading with 82.

Varying amounts of lunchtime liquid pick-me-ups had different effects on the lunchtime scores. The initial leader indeed took the "bottle" and shot 91. It was eventually Mike Craigen, a representative of the nocturnal house officers, who "sleep-walked" to his second victory in the competition with a total of 163. His prize was the Scratch Cup and a fountain pen. Nicholas Page was runner-up by a stroke.

The first two handicap prizes went to graduates. Dr. Orr collected a calculator (no, not for his score!) for net 142, with Dr. Wilson a further stroke behind. Suggestions that the handicap event be changed to Stableford were noted and will be introduced next year. A good day was had by all competitors – hopefully we will have more next year on 11th May 1983. Do you know someone who may be interested?

Of course there was a booby prize; this was awarded to Gary Manning for a quick 14 on one hole. He won a floating golf ball made of soap. The organisers hope it will help wash away those bad memories!

Hospitals Cup
Thursday May 6th

Teams this year in the 36 hole stroke play event at Croham Hurst G.C. were greeted by that fine wetting rain which penetrates any "waterproof" garment. Scoring conditions for the 4-man teams were difficult, so it was good news that only three scores counted morning and afternoon. As is so often the case in 36 hole events, no amount of mathematical computation can negate the fact that anything goes after lunch. At half-time, U.C.H. were leading with St. Thomas' and Guy's a little further behind. Page (Guy's) had the best morning round of 75, backed by scores of 80 and 84 from Escudier and Gibb.

A fine afternoon developed with suitable scoring from some. It was the Royal Free, a college having no golf club several years ago, whose players were burning up the course. For some time, Guy's were hoping they had done enough with 79, 79 and 80 by Page, Escudier and Dixon respectively. However, for the second subsequent year, we only came close and the Royal Free eventually won. To add insult to injury, the last St. Thomas' man shot the only score which could put Guy's third!

So it was third for Guy's, second for Page in the individual event and a rather awkward first for Dixon who had to explain a large number of shots on one hole to a hushed dining room. Apparently it all started with a golf ball which should fly straighter....

N. Page.

Hospital Information

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APPOINTMENTS

House Appointments commencing 1st August 1982 to 31st January 1982
Guy's Hospital

House Physicians	
Dr. Scott/Prof. Clark/ Dr. Grahame/Dr. Cochrane	
Dr. D. S. Smalley	to 31.1.83
Dr. C. A. Elliott	to 31.1.83
Dr. S. V. Davies	to 31.1.83
Prof. Lessof/Prof. Keen/ Prof. Dowling/Dr. Sladen	
Dr. F. A. Flinter	to 31.1.83
Dr. E. L. Rose	to 31.1.83
dr. J. .Q. Gildersleve	to 31.1.83
Prof. Trounce/Dr. Knight/ Dr. Grimble/Dr. Panayi/Dr. Rubens	
Dr. N. A. Fletcher	to 31.1.83
Dr. T. P. Cullinan	to 31.1.83
Dr. Joiner/Dr. Hicks/Dr. Gibson/ Dr. Maisey	
Dr. T. J. Thurston	to 31.1.83
Gen. Med. (Dr. Joiner/Dr. Hicks/ Dr. Gibson/Dr. Maisey)/ Geriatrics	
Dr. A. F. James	to 31.10.82
Dr. A. R. M. Bradbury	to 31.1.83
Geriatrics/Gen. Med. (Dr. Joiner/Dr. Hicks/ Dr. Gibson/Dr. Maisey)	
Dr. A. R. M. Bradbury	to 31.10.82
Dr. A. F. James	to 31.1.83
House Surgeons	
Mr. Ellis/G.U. Surgery (Mr. Kinder)	
Dr. P. W. Soothill	to 31.10.82
Dr. M. A. Lawrence	to 31.1.83
Mr. Maynard/Orthopaedics (Guy's)	
Dr. S. C. Baker	to 31.10.82
Dr. A. R. Brookes	to 31.1.83
Mr. Beard/Orthopaedics	
Dr. S. N. Gregson	to 31.10.82
Dr. D. C. Over	to 31.1.83
Mr. O'Flynn & Dr. Winter/ Thoracic Surgery	
Dr. A. J. Luff	to 31.10.82
Dr. R. C. Saumarez	to 31.1.83

Mr. Rendall & Dr. Tong/
G.U. Surgery (Mr. Flannery
& Mr. Joyce)
Dr. J. L. Bland to 31.10.82
Dr. S. Rawstorne to 31.1.83
Prof. McColl/E.N.T.
Dr. N. S. Jones to 31.10.82
D. J. A. Dixon to 31.1.83
Dr. M. E. Illingsworth to 31.10.82
Dr. S. Brown to 31.1.83
St. Olave's Unit Gen. Surg./
Orthopaedics (New Cross)
Dr. S. J. Morgan to 31.10.82
Dr. M. A. Epps to 31.1.83
St. Olave's Unit Gen. Surg./
Orthopaedics (Guy's)
Dr. G. D. Walker to 31.10.82
Dr. J. G. Powney to 31.1.83

Thoracic House Surgeons
Thoracic Surgery/Gen. Surg.
(Mr. O'Flynn & Dr. Winter)
Dr. R. C. Saumarez to 31.10.82
Dr. A. J. Luff to 31.1.83

Genito-Urinary House Surgeons
Mr. Kinder/General Surgery
(Mr. Ellis)
Dr. M. A. Lawrence to 31.10.82
Dr. P. W. Soothill to 31.1.83
Mr. Flannery & Mr. Joyce/
Gen. Surg. (Mr. Rendall &
Dr. Tong)
Dr. S. Rawstorne to 31.10.82
Dr. J. L. Bland to 31.1.83

Orthopaedic House Surgeons
Orthopaedics (Guy's)/Gen.
Surg. (Mr. Maynard)
Dr. A. R. Brookes to 31.10.82
Dr. S. C. Baker to 31.1.83
Orthopaedics (Guy's)/Gen.
Surg. (Mr. Beard)
Dr. D. C. Over to 31.10.82
Dr. S. N. Gregson to 31.1.83
Orthopaedics (Guy's)/
St. Olave's Unit Gen.
Surg.
Dr. J. G. Powney to 31.10.82
Dr. G. D. Walker to 31.1.83
Orthopaedics (New Cross)/
St. Olave's Unit Gen.
Surg.
Dr. M. A. Epps to 31.10.82
Dr. S. J. Morgan to 31.1.83

Throat and Ear Surgeons
E.N.T./Gen. Surg.
(Prof. McColl)
Dr. J. A. Dixon to 31.10.82
Dr. N. S. Jones to 31.1.83
Dr. S. Brown to 31.10.82
Dr. M. E. Illingworth to 31.1.83

New Cross Hospital
Gen. Med./Geriatrics (Dr. Corless)
1..8.82 to 31.10.82
Gen. Med./Rheumatology (Dr. Grahame)
1.1.82 to 31.1.83
Dr. A. G. O'Keefe to 31.1.83
Gen. Med./Rheumatology (Dr. Grahame)
1.8.82 to 31.10.82
Gen. Med./Geriatrics (Dr. Corless)
1.11.82 to 31.1.83
Dr. A. J. Sinclair to 31.1.83
Gen. Med./Geriatrics (Dr. Lewis)
1.8.82 to 31.10.82
Gen./Chest Medicine (Drs. Eiser & Fowle)
1.11.82 to 31.1.83
Dr. P. D. Riley to 31.1.83
Gen./Chest Medicine (Drs. Eiser & Fowle)
1..8.82 to 31.10.82
Gen./Chest Medicine (Drs. Cochrane & Farquharson)
Dr. H. M. Christiey to 31.1.83
Gen./Chest Medicine (Drs. Cochrane & Farquharson)
1..8.82 to 31.10.82
Gen. Med./Geriatrics (Dr. Lewis)
1.11.82 to 31.1.83
Dr. S. Ledger to 31.1.83

Beckenham Hospital
House Physician to Dr. Rawlings
and Dr. Joiner
Dr. M. R. Stratton to 31.1.83

Greenwich District Hospital
House Physician to Dr. Thomson
Dr. I. H. Osterloh to 31.1.83
Dr. J. A. Orchard to 31.1.83
House Physician to Dr. Robson and
Dr. Blower
Dr. P. D. Kapff to 31.1.83
House Physician to Dr. Marsden
Dr. A. K. Patel to 31.1.83
House Physician to Dr. Robson
Dr. E. J. Scott to 31.1.83
House Surgeon to Mr. Williams &
Mr. Park 1.8.82 to 31.10.82 &
Mr. Stoker & Mr. Harrison
1.11.82 to 31.1.83
Dr. D. E. Fish to 31.1.83
Dr. P. M. Weston to 31.1.83
House Surgeon to Mr. Stoker &
Mr. Harrison 1.8.82 to 31.10.82
& Mr. Williams and Mr. Park
1.11.82 to 31.1.83
Dr. M. J. Richards to 31.1.83
Dr. A. Williams to 31.1.83
House Surgeon to Mr. O'Flynn
Dr. V. K. Raichura to 31.1.83

The William Harvey Hospital, Ashford, Kent
House Surgeon
Dr. A. P. Blight to 31.1.83
Dr. S. L. Cohen to 31.1.83

Lewisham Hospital
House Physician to Dr. Farquharson/
Dr. Eiser
Dr. V. M. Laurence to 31.1.83
House Physician to Dr. Stott
Dr. G. Feder to 31.1.83
Dr. E. F. Hughes to 31.1.83
House Physician to Dr. Staffurth
Dr. M. H-T. Sheng to 31.1.83
Dr. D. C. Kinsella to 31.1.83
House Physician to Dr. Mallinson
Dr. S. J. Richards to 31.1.83
House Surgeon to Mr. Lynn Evans
Dr. E. J. Williams
House Surgeon to Mr. Ivo Smith
Dr. D. Kalra to 31.1.83
House Surgeon to Mr. Le Brun
Dr. B. S. Pilkington to 31.1.83
House Surgeon to Mr. Monty –
3 months/Mr. Negus – 3 months
Dr. A. P. Leigh to 31.1.83
House Surgeon to Mr. Negus –
3 months/Mr. Monty – 3 months
Dr. A. Akle to 31.1.83

Hither Green Hospital
House Physician – General Medicine/
Infectious Diseases
Dr. G. A. Russell to 31.1.83
Dr. R. T. G. Gain to 31.1.83

Orpington Hospital
House Surgeon to Mr. Wilding & Mr. Lam
Gen. Surg./Orthopaedics
Dr. D. T. Williams to 31.1.83
Dr. R. F. Jackson to 31.1.83
House Surgeon to Mr. Walker-Brash &
Mr. Ratnesar – Gen. Surg./E.N.T.
Dr. R. N. Dickson to 31.1.83
House Surgeon to Mr. Boxall &
Miss Austin – Gen. Surg./Gynaecology
Dr. M. S. Marsh to 31.1.83
House Surgeon to Mr. Walker-Brash &
Mr. Glasspool – Gen. Surg./Ophthalmology
Dr. N. I. Konzon to 31.1.83

House Physician to Dr. J. D. Williams
Dr. D. A. Fung-A-Fat to 31.1.83
House Physician to Dr. A. G. Jariwalla
Dr. J. R. Balazs to 31.1.83

Pembury Hospital
House Surgeon to Mr. Gibson & Mr. Lavy
Dr. C. L. Finley to 31.1.83
Dr. A. G. Burchardt to 31.1.83
House Physician to Dr. Maw, Dr. Everest, Dr. King & Dr. Thomas
Dr. G. Lewis to 31.1.83
Dr. S. L. Johnston to 31.1.83
Dr. T. A. Palmer to 31.1.83

St. Mary's Hospital, Eastbourne
House Physician to Dr. Linley-Adams
Dr. C. H. T. Tunnadine to 31.1.83
House Physician to Dr. McLeod (also duties at the District General Hosp.)
Dr. J. P. O'Driscoll to 31.1.83

St. Helen's Hospital, Hastings
House Physician to Dr. Irvine (Geriatrics) 1.8.82 to 31.10.82/ Drs. Reed & Liddell (Gen. Med.) 1.11.82 to 31.1.83
Dr. R. R. Lal-Sarin to 31.1.83
House Physician to Dr. Strouthidis (Geriatrics) & Dr. Innes (Rheum.) 1.8.82 to 31.10.82
Dr. Wray (Cardiology) 1.11.82 to 31.1.83
Dr. A. S. Black to 31.1.83

Kent and Canterbury Hospital
House Surgeon to Mr. Heddle
Dr. P. J. Danielian to 31.1.83
House Surgeon to Mr. Carruthers & Mr. Claridge (Urology)
Dr. D. W. Davies to 31.1.83
House Surgeon to Mr. Collins (Urology and General Surgery)
Dr. A. C. Gilbert to 31.1.83

Joyce Green Hospital, Dartford
House Physician to Dr. Goldman
Dr. R. T. A. Walker to 31.1.83
House Surgeon to Mr. Skidmore
Dr. K. J. Harper to 31.1.83

Cuckfield Hospital, Sussex
House Surgeon – 3 months General Surgery/ 3 months Orthopaedics
Dr. R. J. Bowes to 31.1.83

Buckland Hospital, Dover
House Physician in General Medicine & Infectious Diseases
Dr. M. L. Chryssides to 31.1.83
Dr. D. A. Woods to 31.1.83

Isle of Thanet Hospital, Ramsgate
House Physician to Dr. Cocking, Dr. Lillicrap & Dr. Marshall
Dr. S. I. Millar to 31.1.83

West Kent General Hospital, Maidstone, Kent
House Surgeon – rotating Mrs. South & Mr. Winch
Dr. A. McLuckie to 31.1.83

The Royal Susssex County Hospital, Brighton
Houses Surgeon – General Surgery and Urology
Dr. M. R. Rowley to 31.1.83

Edgeware General Hospital
House Surgeon to Mr. Qureshi
Dr. S. J. Ross to 31.1.83

Gravesend and North Kent Hospital
House Surgeon to Mr. Skidmore
Dr. M. L. Hettiaratchy to 31.1.83

PASS LISTS

2nd Examination in Dental Surgery, Part B

B. J. Abrahams
Miss R. A. E. Bryan
N. P. Calver
Miss H. S. Cass
W. M. Collinson
N. A. Croucher
Miss C. A. Davies
R. P. Flavell
P. B. Manek
Miss M. T. M. Mindak
Miss E. N. Parsons
S. Richardson
M. J. Rough
M. J. Taylor
Miss E. Yiu Oi On

Third (BDS) Examination in Dental Surgery

Miss C. A. Thomas (distinguished in Pathology and in Pharmacology and Therapeutics)

Miss S. E. Andrews
R. A. Baker
P. J. A. Brodie
G. M. Burr
S. C. Burrows
Miss K. Cooper
I. H. S. Gillespie
G. Habberfield-Bateman
S. G. Jagsi
R. P. Lawson
C. W. H. Merivale
J. P. Murch
Miss B. M. O'Connell
J. C. Pennington
Miss E. Rogers
Miss A. M. Sedgwick
J. D. E. Silcock
G. H. P. Suchett-Kaye
M. Ter-Berg
R. D. L. Thomas
Miss K. K. Wee

DEATHS

FABRICIUS, Norah, S.R.N. wife of Dr. John Fabricius and mother of Julia and Peter, died at home July 18th 1982.

BIRTH

POSTON: On July 16th at Guy's, to Robin and Sophie a son Michael Adam, a brother for David.

MARRIAGE

RUSSELL-HANCOCK, The marriage between Dr. Graham Russell and Miss Eilzabeth Hancock took place at Norbury Parish Church, Hazel Grove, on the 24th July 1982.

CHANGE OF ADDRESS

STAFFORD CLARK: Dr. and Mrs. David Stafford Clark, 8 Walnut Close, Varndean Drive, Brighton, BN1 318.

PERSONAL

SUN/SKI CHAMONIX– Three bedroomed holiday apartment to let, balcony en face Mont Blanc, sleeps eight. Skiing summer and winter, walks, swimming etc. 20 minutes from premier Italian ski resort at Courmeyeur via Mt. Blanc tunnel. Further details from Tel. 542 1322.

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Guy's Hospital Gazette

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NURSING CORRESPONDENT VALERIE MUSSON
PHYSIOTHERAPY CORRESPONDENT RONALD COOPER
MANAGER PAT POULTER

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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Passim

Welcome

The Freshers' Edition of the *Guy's Hospital Gazette* contains a special central pull-out section which, we hope, will be of interest to the new medical and dental students at Guy's – all two hundred of you – and may prove helpful during the first few weeks in this strange new environment.

Unfortunately, at the start of this new stage in life, one gets snowed under by prospectuses, handbooks, guides and leaflets until the inevitable data overload occurs and it all gets forgotten (if it was read in the first place!).

If nothing else, try to achieve two goals during your first month: firstly, attend Freshers' Week assiduously, despite its toll on purse and liver, and, secondly, try to involve yourself with a club or society. Guy's has many, covering most tastes, often with excellent facilities.

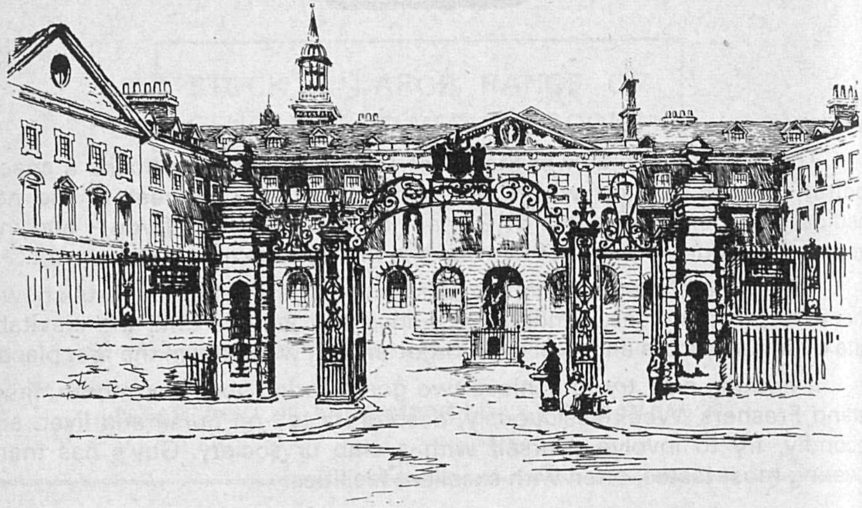
The Hospital has a great tradition in many of these extra-curricular activities – especially, perhaps, the Rugby Football Club – and to many Guy's graduates these are as (or more) important than the mere academic side of things. In recent years, however, many clubs have declined – although with several honourable exceptions. Many reasons have been advanced for this, and one of the most voiced suggests it is due to present day admissions policies tending, if anything, to prejudice *against* rather than *for* such activities.

This is surely untrue – and it is up to you Freshers to prove it false by your achievements over the next few years: after all, the next five years may be the last time you'll ever have such good facilities so readily available. Good luck – and go to it!

Gazette Christmas Raffle

Last year, the *Gazette* conducted a Christmas Raffle, which met with a considerable response and realised a profit of some £800. This money was an exceptionally useful addition to our income, and this year we have decided to hold another – although the value of prize money has been doubled to a total of £400. A couple of books of tickets are included with each copy, and if you wish to take any please return the stubs and remittance in the envelope provided by December 1st. The draw will be held on December 10th, and winners should receive their cheque before Christmas, Post Office willing.

Guy's Christmas Cards



Guy's Hospital, Main Entrance.

This year's high quality Guy's Christmas cards are now available, with a choice of two period Hanslip Fletcher pen and ink designs.

Card A, 4″ x 6″ (maroon on white), depicts the Front Entrance, as shown above.

Card B, 7″ x 5″ (blue on white), shows the Park, facing towards the Colonnade.

Both card designs cost 12p each (including envelopes) and can be purchased from the Gazette office, May Sheridan House, Guy's Hospital, SE1 9RT (Tel.: 01-407 7600 ext. 2023). Prepaid orders will be promptly despatched (postage and packing extra). Please remember to identify the design wanted.

Personal callers welcome: Office hours: Monday, Tuesday, Friday, 9 a.m.-3 p.m.

News in Brief

Dr. W. G. Cross

Our heartiest congratulations to Dr. W. G. Cross, who has recently been elected Master of the Worshipful Company of Barbers. The last Guy's man to be Master was Bertram Samuel, thirty years ago.

George Cross qualified B.D.S. with distinction in 1939, and – as reported in the Gazette in 1948 – achieved the unique accolade of being the first person to sit, and pass, the M.S. in Dental Surgery.

We wish Dr. Cross a successful and fruitful term of office – hopefully, the eminence of this position will exempt Dr. Cross from the heavier of the prevailing 'cuts'!

Guy's Hospital Bournemouth and Wessex Society

The twenty-seventh Annual Dinner of the Society will be held on Friday, November 5th, at the Durlston Court Hotel, Bournemouth. Prof. W. J. Tulley will be the guest of honour, and Mr. I. D. C. Williams will be in the Chair.

Details from the Hon. Secretary, Mr. Eric Archard, 1 Beechwood Avenue, Boscombe, Bournemouth BH5 1LX.

Dental Society

The following meetings of the Dental Society are scheduled to take place:–

Monday, October 7th – Presidential Address by Mr. R. Bret Day: Harrison's Physiology Lecture Theatre.

Monday, October 18th – "Some Aspects of Oral Surgery" by Professor Poswillo: Tower Lecture Theatre.

Monday, November 9th – Student Elective Reports: Venue to be announced.

All meetings will begin at 5.15 p.m. Tea will be served at 4.45 p.m.

Christmas Cheer

Would you be prepared to buy items suitable for a child's Christmas stocking? Christmas stockings for filling will be available *free* from The Friends of Guy's Hospital, 3rd Floor Mary Sheridan House, St. Thomas Street, London, S.E.1. (Telephone 407-7600. Ext. 2022/4). They will be sold in aid of the Hospital on the Christmas Stall.

"Christmas Magic" for the Friends of Guy's Hospital

Mrs. Daphne Love, NAFAS National Demonstrator, has very kindly agreed to give a demonstration of how to make your Christmas flower arrangements and decorations, on Tuesday, 16th November at 6 p.m. in the Tower Lecture Theatre. Refreshments will be available from 5.15 p.m.

Lucky number programmes will be on sale in the Flower Shop, from 1st November.

Christmas Stall

The customary Christmas Stall will be run by The Friends of Guy's Hospital in the Colonnade, commencing on the 6th December, 1982. It will be open from 11 a.m. until 3 p.m., or while stocks last. We hope to have as wide a variety of goods for sale as possible, including certain foodstuffs.

Gifts for sale and offers of help will be most welcome.

Please contact: Mrs. M. L. Campbell,
Chairman,
Services Branch,
Friends of Guy's.

Lunchtime Concerts

A series of eight lunchtime concerts has been arranged by the Music Club throughout the remaining months of this year.

The programme for October will be as follows:–

Thursday, October 7th – The Gutman/Hirsch/Dearnley Trio.
Schubert's Piano Trio in B flat.
Thursday, October 14th – Piano recital by James Lisney.
Works by Beethoven and Rachmaninov.
Thursday, October 21st – String Quartet.
Thursday, October 28th – Piano recital by Stephen Gutman.
Works by Haydn, Beethoven and Chopin.

Each of these concerts will take place in Guy's Chapel at 1.15 p.m.; there is no fee for admission, but there will be a retiring collection to help offset the expenses of each concert.

Christian Union

The President of Guy's Christian Union, Dominic Beer, informed us of the following Guy's Christian Union meetings;—

Tuesday, October 5th – Free Lunch for Freshers.
12.30 p.m. in the Ballroom.
Thursday, October 14th – Film of the Turin Shroud.
7.30 p.m. in the Ballroom.
Thursday, November 4th – Concert by Graham Kendrick.
7.30 p.m. in the Ballroom.

The Stephen Duckworth Appeal

We express our thanks to the following donors of gifts to the Appeal.

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Caption Competition

NO
RUBBISH
To be left
in this Yard

This month's picture shows the result of some demolition work in the back of the Hospital.

This Month's Cover

This month's cover depicts the central design used to advertise the Stephen Duckworth Appeal Match, and to remind our readers that it is being held at Honor Oak Park on Sunday, October 10th. Gates open at 11 a.m., and the International kicks off at 3.00 p.m.

DATES FROM THE MEDICAL DIARY

October

Mon. 4—*WINTER TERM BEGINS.*
—The new student calendar (1982/83) will be available from the Medical School Office.

Fri. 15—Entries close for the M.B. B.Chir (Cambridge) Examination in November.

DATES FROM THE DENTAL DIARY

October

*Mon. 4—*WINTER TERM BEGINS.*
The Calendar for 1982/83 will be available from Medical School Office.

Mon. 4—Final L.S.D. Examination, Part III begins.

Mon. 4—Applications for the Second B.D.S. (Nov./Dec.) Examination (obtainable from the Medical School Office) must be left in the Medical School Office not later than this date.

Mon. 4—Entries close for the Prize in General Subjects Examination.

Wed. 6—Prize Examination in Children's Dentistry, including Orthodontics begins.

Fri. 8—Applications close for the Third B.D.S. (Nov./Dec.) Examination, Parts I, II, III, IV and V.

Fri. 8—Applications close for the Second B.D.S. (Nov./Dec.) Examination.

*Mon. 25—First L.D.S. Examination begins.

Mon. 25—Prize Examination in General Subjects begins.

*Fri. 29—Applications for the Final L.D.S. Examination, Parts I and III (obtainable from the Medical School Office) must be left in the Medical School Office not later than this date.

Obituary

Sir Geoffrey Marshall, K.C.V.O., O.B.E., M.D., F.R.C.P.

The death of Sir Geoffrey Marshall at the age of 95 means the loss of one of the most distinguished of Guy's graduates and brings to an end a remarkable link with the past. Born in 1887, Sir Geoffrey came to Guy's from St. Paul's School and qualified in 1911. He served in the R.A.M.C. throughout the 1914–18 war, being twice mentioned in despatches and awarded the O.B.E., Military Division. He returned to Guy's after the War, obtained a gold medal in the London M.D. and was elected to the Consultant Staff. Later, he was appointed to the Brompton and King Edward VII Hospital, Midhurst.

Sir Geoffrey's career lay in the field of chest disease, in which he ultimately became perhaps the leading authority in England. At first, it chiefly involved the management of pulmonary tuberculosis, at that time the main cause of death in Britain between the ages of 18 and 25. He instituted the T.B. department at Guy's and became an expert in collapse therapy of the lungs with pneumothorax. Apart from this, there was no particular treatment for the illness: bed rest and good nursing was the order of the day. Geoffrey excelled in the ability to communicate sympathy, hope and encouragement to the patients, and the influence of his own strong personality upon many a patient on the balcony of Bright and Wilks ward enabled them to turn the corner when, in the opinion of the registrars, the outcome might have been different in other hands.

Sir Geoffrey's close friend was Tudor Edwards, virtually the founder of British thoracic surgery, and later Clement Price Thomas. At a time when physicians were mistrustful of chest surgery, Geoffrey encouraged them, nor did he hesitate to undergo successful pulmonary resection himself by Sir Clement, rather late on in life. He was magnificent in consultation and his ability to instil confidence in the patient extended from King George VI and Winston Churchill to the humblest patient at Guy's and the Brompton. In 1960, he was awarded the Weber-Parkes prize of the Royal College of Physicians for his example over many years in the clinical care of patients. He did not allow himself to become out of date and became Chairman of the Chemotherapy of Tuberculosis Trial Committee set up by the M.R.C. to assess the value of streptomycin.

Sir Geoffrey was, at different times, President of the Thoracic Society and the Royal Society of Medicine, and Censor, Mitchell Lecturer, Harveian Orator and Tudor Edwards Lecturer of the Royal College of Physicians.

Geoffrey was never ostentatious in appearance. He invariably wore a grey tweed suit of herring-bone pattern, even to Buckingham Palace. However, his Rolls-Royce had been on the stand at the Motor Show in 1929 and had a special body with bicycle mudguards over the front wheels and, when the doors were opened, a little step came down to enable one to climb inside in comfort. He had great capacity for enjoyment outside medicine. He was an exhilarating companion at the dinner-table, although he could be an anxiety to his hostess because of his puckish sense of humour; he had been known to play the castanets under the table if the conversation showed signs of flagging! He loved the ballet, but was not active in sport. However, he struck a bargain with Lady Marshall that if she would go to the ballet with him, he would play golf which she much enjoyed! As a boy, he watched cricket and such was his longevity that only a month before his death he was able to describe with clarity and enthusiasm the sight of W. G. Grace at the wicket. Geoffrey had a splendid day at Goodwood races three weeks before he died.

Sir Geoffrey was not a formal teacher; one learnt from him by precept. Fees to him were a matter of some indifference and he was most generous to his juniors. It was his custom in private practice, having seen a patient once or twice, to hand over the management of the case to a young man whom he trusted and he himself would hold a watching brief. More than one of his registrars owed the start of their consulting practice to this habit of his.

Geoffrey remained his incomparable self up to the very end, treating his deafness with contemptuous disdain. One's abiding recollection of him is of his great strength of character tempered by quite exceptional modesty, a mischievous sense of humour and calm imperturbability in every circumstance. He was a truly lovable person.

N.S.

Appreciation

Herbert James

Herbert James was the Community Physician in the Guy's Health District (Teaching) from the reorganisation of 1974, until the further reorganisation from April 1st this year. He was born in Vienna, educated in England, and qualified at Glasgow in 1949 and went on to get his D.P.H. at the University of Liverpool in 1954. He was also Medical Officer for Environmental Health for the London Borough of Southwark when on the Guy's DMT and is a Fellow of the Society of Community Medicine.

During his career, Dr. James has been House Surgeon at St. Giles Hospital, Southwark; two years National Service in the RAF medical branch; Deputy Medical Officer of Health for Chesterfield; Deputy Medical Officer for Health and Deputy Principal School Medical Officer for Blackpool, and also Medical Officer to Blackpool Airport; Deputy Medical Officer of Health and Deputy Principal School Medical Officer for Southwark; and Medical Officer of Health and Principal School Medical Officer for Bexley.

In his spare time, Dr. James likes to play 'social' bridge and was a keen supporter of Crystal Palace Football Club until they became stuck in the 2nd Division! He is now a keen follower of rugby. He is married with two children – a boy of twenty and a girl of fifteen.

He always gave good advice to the DMT and it was good to have him as a colleague and friend. We send him all good wishes in his new appointment at Bexley.

E.M.R.

Clubs' Union News

Welcome to all Freshers; congratulations too. Securing a place at Guy's is not easy. You have made it. Guy's offers an education in medicine or dentistry, not an instruction; not only does it help you to gain knowledge, it also offers you the opportunitiy to become wiser by profiting from experience. It is up to you to grasp the opportunities that come your way and make the best possible use of them. Never believe you cannot afford the time to do something interesting or extraordinary; you have more free time now as a student than you will ever have.

Of barriers to be broken down,
the hardest,
most important one
is undoubtedly
mediocrity

Dom Helder Camara
A Thousand Reasons for Living

Guy's will become very familiar to you very shortly and to help you feel that you belong, we have organised a week of events specially for you. All students are welcome to attend (most) events,but,if you are a Fresher,I would suggest that you look on the week's activities as the most important events of your first year at Guy's. A brief *resumé* of the week's events is shown on p. 337.

The other major event of the term is the Snowflake Ball, which is to be held on 3rd December. The organiser this year is Sarah Wollaston. Traditionally, many Freshers get involved in this function. If you are interested in helping, leave a note for Sarah in her "social secretary" pigeon hole.

We offer our sincerest congratulations to George Noble who has been awarded Honorary Life Membership of the University Union for his exceptional service to the Constituent Schools of the Medical Faculty and to the University Union as a whole. George was elected Senator at the beginning of the academic year. He was one of the first students to sit on Senate since student senators were written in to the University Statutes in 1980. He duly became elected by Senate to be their student representative on the supreme financial governing body of the University – University Court. This body in turn appointed him to sit on the Allocation of Grants Committee, the Joint Planning Committee and the Joint Medical Advisory Committee. It was amongst these committees that the struggle for survival following the Flowers Report took place. The plan to merge with St. Thomas's was hammered out within these committees before acceptance by Senate and Court. As Senator, George has been convenor and chairman of the U.L.U. Medical Group for the past year and has kept himself abreast of all the points of view and ideas held by the medical schools which regularly attend this faculty meeting. Not only that, he always acted on any decisions taken by the group, rather than simply talking about it. Perhaps one of the more noteworthy committee campaigns in which George was heavily involved was that which finally assured all medical students a $4\frac{1}{2}$% grant increase across the board; the Government were originally going to freeze grant levels for those "extra weeks" that clinical medical students stay on after the normal 33 week academic year – proof in the pocket that committees can be effective.

Finally, and on a sad note, Chris Hood has had to leave Guy's. This was because of severe academic problems. Chris was very involved in Union matters for a long time, being an active member of many social committees and holding the vice-president's post on the Union. He was heavily involved in two Charities' Weeks, which together raised £9,000, most of which is now being used by The Friends of Guy's. The Clubs' Union will miss his enthusiasm, zeal and organisational ability. We wish him all the best in the future.

Lawrence Maule.

Guy's Hospital Gazette

THE OLDEST HOSPITAL JOURNAL IN THE WORLD

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Dental Notes

by A. D. Robinson

By the time these notes are published, we shall have passed the holiday season and be back at work in a new academic year. I am pleased to report that the management committee of the Dental Society decided to have a Dinner again. It will be on Friday, 27th May, 1983, to be run on similar lines *to the one in May of this year. Clinical Day will, of course, be on the first* Saturday in March, followed by a Ball at the Café Royal where there will be a reduced number of speeches. Perhaps the next year, 1984, will see a return to the old arrangement, a dinner on Clinical Day and a Ball at another date; February has been suggested.

I should like to thank those who wrote of their appreciation for the Dinner held earlier this year. They did not get individual acknowledgements, for which I apologise. The main criticisms expressed related to the overall length of time of the speeches and the lateness of time chosen for starting. We did, of course, have an augmented programme with more speakers than usual. We could easily have started earlier. The errors were due to my bad guessing. Next time, we should be able to finish in time for everyone to converse with their friends and *still* catch their last train home.

Application forms will be sent out with the Clinical Day notice: we will try to make them a little easier to fill in than last year's, which were found difficult by some. I am sorry that they have to be sent so long before the event, but the Society cannot afford another bill for postage. It costs nearly £300 to circularise all the Guy's dental graduates. Clearly, we could not hope to recover that on the sale of tickets. I will see that reminders are published in the *Gazette* and notices will be displayed on Clinical Day, with the proofs of last year's photographs. As the dinner is to be in Guy's again, the accommodation will be limited to about 180 places. It might not be out of place to mention that this function is organised by the Dental Society without subsidy or sponsorship.

Finally, may I thank those who came to the reconstituted Dental Dinner in 1982 for their support and for their kind remarks. I hope that they will come again in 1983 and that the senior members will try to bring younger professional colleagues, perhaps as guests. There will perhaps be scope for a great increase in numbers in 1984.

Macdonald Cup

Preliminary notice is given for those lucky enough to have 1983 diaries. This golf competition, open to Guy's Dental Staff and Students who have official handicaps, will be held on Wednesday, 22nd June, 1983, at the Wilderness Golf Club. Professor D. J. Neill has been kind enough to make the arrangements.

Dental Society Report

by Douglas Miller

This year has been an exceptional one for the Society. The meetings have been very well attended and this is largely due to the quality of the speakers and the highly interesting subjects which they chose to relate.

The meeting held on 2nd March, 1982, was entitled *"Interfaces between major and minor oral surgery"*. Mr. D. Henderson, M.B., B.S., B.D.S., F.D.S., gave the talk. He put great emphasis on the application of three major principles when performing surgery. The first of these is the utilisation of the mechanical properties of the different tissues present, i.e. the oral mucosa is extensible, but when bound to periosteum, it cannot be stretched. In order to close an oro-antral fistula (as an example), the mucosa may be stretched over the defect once it has been separated from the underlying periosteum. The second principle is to always think in terms of a blood supply. Mr. Henderson once treated a patient whose tongue had been divided in the midline by a set of dentures the patient was wearing during a road accident. Because each half of the tongue had its own blood supply (the lingual artery runs axially on either side), the tongue was stitched together along the midline. The third principle is to consider the patient as a whole before treating whatever is amiss. In other words, a proper assessment is vital in each case. To this end Mr. Henderson showed a periapical radiograph of the lower left 2nd and 3rd molar region revealing that the 3rd molar was impacted and its extraction was necessary. A subsequent radiograph distal to the 3rd molar revealed the presence of a supplemental molar. This tooth, which was not visible in the first radiograph shown, would have been a highly embarrassing find at operation had a less thorough assessment been carried out. This meeting was kindly sponsored by I.C.I.

On March 16th Professor J. A. Hobkirk, Ph.D., B.D.S., F.D.S., gave a talk entitled *"Unusual Prosthetics"*. He has kindly offered to write an article for the *Gazette* based on his talk.

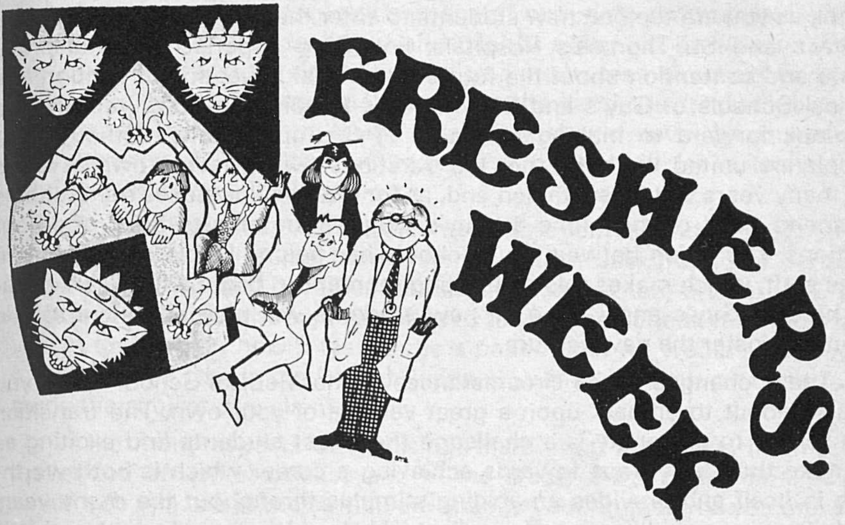
The next speaker at a Society meeting was The Right Honourable Lord Robens of Woldingham. It was a privilege to receive such a distinguished guest, and the introduction (detailing Lord Robens' considerable achievements to date), could potentially have taken almost as long as the talk itself! Lord Robens called his talk *"A Window On The World"*. He believes that Britain could be the richest country *per capita* in the world, given the necessary guidance. Britain has all the ingredients to achieve this goal as regards brain power and natural resources. It was British technology and know-how that pioneered the body-scanner, jet engine and hovercraft, and, with North Sea oil, Britain has its own energy supply to help support the development of future innovations. But Lord Robens' one overriding concern was in the field of industrial relations. This is the stumbling block which could prevent economic success. It is up to the present generation to overcome the problems between *"managers and those who are managed"*. The meeting was kindly sponsored by Ash Dental Ltd.

Simon Frost, B.D.S., was the society's next speaker. He is a Guy's Graduate who qualified in 1974 and is in general practice near Ely. He took part in the *Observer* Transatlantic Yacht Race. This would have been remarkable enough had it not been the case that Mr. Frost is a severe diabetic who needs constant monitoring of his blood-sugar levels. Mr. Frost's medical problems aboard ship were solved by Ames Pharmaceuticals Ltd. who make diabetic blood-testing equipment. Not only did they sponsor his trip (they kindly sponsored a wine and cheese reception after the meeting too), but, together with Mr. Frost, they demonstrated that a severe diabetic can have a purposeful life and achieve things that most healthy people only dream of.

Stress in dentistry is a problem that the audience at the meeting held on April 20th could identify with readily. Mr. K. J. Lewis, B.D.S. (who is principal in a practice employing 50 staff with 30,000 patients on its lists), gave the talk. Stress is usually experienced as a result of a life-endangering situation. A primal stress response (which is instinctive) may be brought about by a fright, fight or flight reflex when a subject is in jeopardy. If this is so, why does dentistry produce stress? – Where is the big threat in dentistry which illicits such a potentially harmful response? It appears that an evolutionary increase in intelligence has enabled man to perceive stress (threat) in an ever-increasing number and type of situations. Stress can be related with several severe diseases, notably coronary artery disease, hypertension, renal disease, diabetes mellitus, and gastro-intestinal disorders. Stress affects an individual's performance such that, below a threshold level, a healthy tension develops which can enhance achievements, but above the threshold, the increased stress acts to severely decrease performance levels. One's own stress levels can be controlled to give maximum potential performance. This may be achieved by minimising the incidence of stress:– taking frequent breaks, scheduling patients adequately, allowing for emergencies in practice, having a good night's sleep, and, if setting a target for achievements (i.e. a total number of patients seen in a day), making sure the target is a realistic one. Practical stress control is the key to a happy and healthy practice life. The control of exposure to stress is important, as is the control of perception of stress, i.e. the control of what one thinks of as stressful and what is not – don't let many small problems get on top of you. Above all, the control of the physiological response to stress (the ability to "unwind") is very useful. Mr. Lewis uses "progressive relaxation" as a method of unwinding. He is able to recognise the symptoms of his stress response: in his case it is a tightening of certain sets of muscles. He then progressively relaxes these muscle sets. Transcendental meditation or the practise of yoga can also relax one's mind and alleviate symptoms of stress. The meeting was kindly sponsored by Astra Chemicals Ltd.

On behalf of the Society, I would like to thank all the speakers in the past year for making the meetings so enjoyable, and would also like to thank the various companies who so generously sponsored the receptions afterwards.

Freshers' Section



Monday, 4th October
- 16.00 **Freshers' Fair** – Ballroom. All active clubs will be represented. Tickets for all Freshers' Week events will be on sale.
- 19.30 **Barn Dance** with Mike Barraclough.

Tuesday, 5th October
- 12.30 **Charity Lunch** – Ballroom.

Wednesday, 6th October
- 14.00 **Trials at HOP.** Train from London Bridge.
- 19.30 **Barbeque** and **Disco** – HOP.

Thursday, 7th October
- 17.15 **Dental Society Presidential Address** – Tower Lecture Theatre.
- 17.30 **Quodlibet Balloon Debate** – Anatomy Theatre.
- 18.00 **Pub Crawl** starting in the Bar.

Friday, 8th October
- 19.30 **The Freshers' Ball** – Ballroom featuring *Furniture* and our very own *Plasma Roadshow.*

Saturday, 9th October
- 19.30 **Football Club Hop** – Ballroom.

Sunday, 10th October
- 11.00 Gates Open. **International Rugby Match** – Honor Oak Park. *This is a must!*

Introduction by the Deans

J. C. Houston, Dean, United Medical Schools

This year is a particularly exciting one for those entering the Medical School, as you are the first new students to enter the United Medical Schools of Guy's and St. Thomas's Hospitals. Following a period of widespread debate and contention about the future of medical education in London, the Medical Schools of Guy's and St. Thomas's Hospitals have united and we now look forward to making the most of this opportunity. Although our Schools are united, we hope that the traditions which have grown at Guy's over many years will be sustained and, as for practical purposes our students will spend most of their time at Guy's, you will be able to build upon our traditions. The union between our Schools has helped kindle enthusiasm in all the staff, which makes this an exciting moment to begin a medical education here at Guy's and I hope all new students will play an active rôle in helping us foster the new venture.

These changes in the circumstances of the Medical School apart, you are also about to embark upon a great venture of your own. The transition from school to university is a challenge that most students find exciting as they take their first steps towards achieving a career which is both worthwhile in itself and provides an abiding stimulus throughout the many years that follow upon qualification. You will quickly learn that medical education is more than the assimilation of facts and techniques; it involves developing a deep and perceptive understanding of people and society. This in turn means that your breadth of vision rapidly increases once you have started your course, which is both stimulating and a challenge.

On behalf of the School, I would like to welcome you warmly and give you every encouragement in taking this first step towards becoming a doctor.

Professor W. J. Tulley, Dean of Dental Studies

New entrants to the Dental School at Guy's will be interested to know, if they have not already seen it in the Press, that the Dental School is proud to be part of what is now the United Medical Schools at Guy's and St. Thomas's Hospitals. Over the next year, plans are afoot for the Royal Dental Hospital School of Dental Surgery and Guy's Dental School to merge. This is all part of major changes in the pattern of medical and dental education in London, brought about by the need to strengthen the teaching and in the fight for survival which, unfortunately, faces all university institutions in this country in the coming years.

It is quite a major wrench coming from school to a university hospital environment and it may take you a little time to become accustomed to the situation. Your first year will be spent in the Medical School on basic science subjects, but there will be a gradual introduction to clinical dentistry.

You will have to work extremely hard in this first year and learn to work on your own in quite a different way to your work at school. You have to discipline yourself to spend the appropriate time at your studies and still take the opportunity to enjoy all the club facilities which we have to offer, both within the campus and on the sports field.

At Guy's, we have a long tradition of producing some of the finest dental surgeons in the country and one of our particular interests is to bring out not only the best technical and clinical skills, but an understanding of human frailties and the difficulties which patients face: in other words, a good chairside manner. Unfortunately, a visit to the dentist is still sometimes used as a music-hall joke, but modern dentistry should never be any cause for apprehension on the part of patients and you will learn techniques to minimise any possible discomfort.

Some of you may have had considerable contact with dental treatment, either because you come from a family with a background of dentistry or because you yourself have been a dental patient. There are very few people who, at some time or other, do not have to visit the dentist. It is important for you to understand how it feels to be a patient and we would encourage you to seek dental care in our Dental Hospital, so that you have an opportunity to study the subject as a client!

Like many aspects of medicine, there is an increasing interest in the prevention of dental disease and in the study of the behavioural sciences, which you will see in the curriculum changes during the time you are with us. We are fortunate in having a modern, well-equipped dental hospital which keeps abreast of all the latest developments in both techniques and equipment.

It is a pleasure to welcome you and I wish you well during your time with us at Guy's: I am sure that you will enjoy it.

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are October 15th and November 19th (Christmas Edition).

Copy may be sent to us at Mary Sheridan House, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers. When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).
Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

Anatomy

Professor M. Berry, Department of Anatomy

Attempts have been made in recent years to eliminate almost completely the subject of gross anatomy from the medical curriculum, but it has been found that, without some knowledge of the macroscopic and microscopic anatomy of the human body, understanding clinical medicine borders on the impossible. It was suggested that students could do without anatomy and their clinical teachers would go over the essential part of the anatomy required for their teaching. Apart from the fact that clinicians do not want to spend a great deal of time teaching anatomy *de novo,* it was found that, after studying the anatomy of the body, some sort of understanding of the whole body emerged. It seems that this subject, which occupied a hallowed place in medical teaching for centuries, is now accepted as necessary – although in less detail than was thought as recently as thirty years ago.

It is important for students to realize that more than half the time spent in the Anatomy Department is devoted to histology, embryology and neuroanatomy. Dissection, the traditional concept and main part of the teaching of gross anatomy, is carried out because it is probably the best way to learn by one's own efforts and see at close range the nature of the structures of the body, and how they are related to each other. It has been argued that the appearance and position of organs in the living are not quite what they are in the embalmed bodies which are used for dissection. Dissection is, however, supplemented by radiological and surface anatomy. In this way, the body is made living and students can acquire basic information, which makes clinical medicine understandable.

I have often had the impression that medical and dental students regard the subjects of the Basic Medical Sciences course as a means whereby some teachers are kept occupied, and as a hurdle set to make life difficult before they can get to what medicine and dentistry are really all about. It is quite certain that most students will realize, in the course of time, that the preliminary year or years in the subjects of anatomy, physiology and suchlike, were well spent.

Biochemistry

Professor A. T. Diplock, Department of Biochemistry

The curriculum in biochemistry at Guy's for both medical and dental students is designed to emphasise, from the outset, the clinical relevance of the subject. We are not concerned with teaching biochemistry as a pure scientific discipline, the relationship of which to medicine or dentistry is remote and obscure. Rather, since disordered metabolic events lie at the root of most abnormalities of function that manifest themselves as disease, we are concerned with giving students a good grounding in the basics of biochemistry in the context of abnormalities that may be seen as disease states in the clinic. The student may, at first, be rather bewildered by an apparently indigestible array of chemical reactions, but experience has shown us that, after a short time, patterns begin to emerge which gradually coalesce into an integrated picture of metabolic events. It is this integrated picture that is our goal, so that, at the end of the course, the student carries on to his or her clinical studies with a clear overall conception of metabolic events, without undue emphasis on detail which may obscure the overview which is our objective.

Those students who wish to study biochemistry in more depth may have the opportunity of intercalating a further year of study between the Part II B.M.S. examination and the clinical course, financed by the Medical Research Council. This year leads to an examination in basic medical sciences and biochemistry for the B.Sc. degree. The course consists of lectures which are shared with students from most of the other medical schools in London, given by teachers from many parts of the University who are experts in the field of their lectures. Secondly, there is a practical course and, in the Spring term, a practical project is undertaken in which students have the opportunity of familiarising themselves with a research project that is under way in the Department and of undertaking a related small research project themselves, which is written up as a dissertation and forms part of the degree examination. Following the union of Guy's with St. Thomas's, the B.Sc. course is now being run in collaboration with the Department of Biochemistry at St. Thomas's and, for the practicals, tutorials and seminars, students will spend part of their time at Guy's and part at St. Thomas's.

Pharmacology

Professor R. Spector, Department of Pharmacology

This introduction of the teaching of pharmacology at Guy's provides a good opportunity to welcome new students to the Medical and Dental Schools. The pharmacologists and clinical pharmacologists are fortunate in coming in contact with the students from their first days and continuing the association until the final examinations. Even beyond this, practising doctors and dentists have come to realise the awful truth about modern drugs – which is that many of them are highly potent modifiers of cell function. This means that they can influence disease states, but may also produce serious toxic effects.

One of the most important aims of the pharmacology and therapeutics courses at Guy's is to correlate the molecular aspects of drug action with the clinical importance of this in medical practice. Because the term *drug* includes any chemical which can alter cell function, the range of substances which practitioners currently use is astonishing. Similarly, the implications to man of the effects of a single drug are sometimes remarkably broad. Alcohol, for example, has not only been used in treatment (to dilate arteries) and prevention of disease (by sterilising the skin or by raising the plasma levels of high density lipoprotein cholesterol), but many diseases caused by alcohol may have medical, surgical, paediatric, psychiatric, genetic and sociological aspects.

Perhaps the neatest way of summing this up is by defining pharmacology as how small molecules do big things.

Physiology

by members of the Department of Physiology

Physiology is living. It is a science aimed at understanding how the living body works and, obviously, clinical practice is based on a sound understanding of body function.

It is a subject for the person who likes to think, and a disaster area for the person who will not assemble facts and make deductions from them. In this department, we aim to develop in our students an enquiring and critical approach to their studies. The B.M.S. examinations in Physiology follow this philosophy, in that a third of the marks are allotted to the interpretation of data from measurements made under varying circumstances.

This is not to imply that physiological information need not be learned. There are certain basic facts which must be known before they can be manipulated, and acquisition of these is assessed in the B.M.S. examinations by multiple choice questions.

The B.D.S. course, being shorter, allows less time for students to integrate their physiological knowledge. Nevertheless, the attitude of encouraging logical deductions from facts underlies the teaching.

All academic members of the Department of Physiology have medical or dental qualifications. All, therefore, have personal experience of the sorts of problems which confront medical and dental students. Furthermore, this clinical qualification enables them to assess the relative importance of various aspects of the subject to future clinicians, and while still teaching a basic science course, to highlight those areas of most clinical relevance.

The clinical background is reflected in the research carried out by members of the Department. Active research is done in aspects of nutrition and metabolism, rehabilitation, respiration and neurophysiology.

For those who are worthy and willing, a "hard science" course lasting nearly a year and leading to an Honours B.Sc., can be taken after completing the B.M.S. examinations.

Psychology

Dr. John Weinman, Senior Lecturer in Psychology

Very many clinical problems are manifested as behavioural or emotional changes and a knowledge of human behaviour and of underlying brain mechanisms provides a basis for understanding these problems. Moreover, with any clinical problem, a knowledge of the physical changes may be insufficient to appreciate why the patient is seeking help or failing to comply with, or respond to, treatment. To achieve this broader understanding of clinical problems, one needs to be able to take account of the patient with the disease, rather than the disease process in isolation. The contents of the pre-clinical psychology course are, therefore, concerned with both basic and clinically applied aspects of the subject, in order to provide a framework for understanding human behaviour in health and disease.

Sociology

Dr. D. Armstrong, Unit of Sociology Applied to Medicine

The sociological factors involved in health and disease are taught to three groups of Guy's students.

In their first clinical year, dental students receive a short course about the relationship between social factors and the attitudes and behaviour towards dental care, as well as the problems involved in the assessment and the provision for dental need.

Medical students receive a forty-hour course in the sixth term of their pre-clinical period. This is intended to stimulate thought about the social factors which affect the use of health services by members of the public, and the subsequent response to treatment. There are also discussions about the rôle of social factors in the aetiology of disease, and in the delivery of health care. Students who do well in their B.M.S. course may take advantage of a variety of course units in medical sociology for a B.Sc. degree arranged on an inter-collegiate basis.

Using the Library

by the Wills Library Staff

How do I find a book in the library? The card catalogue, opposite the issue desk, is arranged in author and subject sequences. On the top right-hand corner of each card are letters which tell you where the books are located. Those marked Textbook Collection are in separate sequence: for other locations, use the guide on the catalogue.

What is the Textbook Collection? This consists of books in greatest demand, mostly student textbooks. They can only be borrowed for short periods, e.g. overnight or for one week, and there is a reference copy of most titles.

How can I find the most up-to-date book the library has on the subject in which I am interested? The subject catalogue is arranged in alphabetical order of subjects with the most recent books on each subject first.

How many books can I have out at once? As many as you like within reason.

Do I have to have my reader's ticket to borrow books? Yes. Also, since you are responsible for all books issued on your reader's ticket, if you lose it please tell the library staff so that a check can be made.

How long can I keep a book out? Four weeks, except the Textbook Collection (see above). If another reader wants your book, however, you must return it after one week.

Can I renew a book without coming into the library? Textbook Collection books cannot be renewed, but must be returned by the date shown. Otherwise books not wanted by another reader can be renewed by telephone (Wills Library extension 3374).

Can I pass on a book I have to a friend? No, because you are responsible for a book as long as it is out on your ticket.

What should I do with my book when I bring it back? Put it into the book slot at the library entrance or hand it to a member of library staff at the issue desk.

What should I do if the book I want is not on the shelf? Ask a member of library staff to check and, if necessary, reserve the book for you. You will be sent a card when the book is ready for you.

Can I obtain a book which is not in the library? Yes, most books not in the library can be borrowed for you, generally from the British Library. These "interlibrary loans" are free to undergratuates if their tutor countersigns the request form.

I want to photocopy my notes. Can I do that in the library? There is a photocopier in the Periodicals Room. The cost of photocopies is 5p a sheet.

I am revising for exams and would like to see some past papers. Are these available in the library? Final M.B., B.S. papers and M.C.Q. books are kept in the library for consultation. The Medical School Office holds reference copies of B.M.S. papers.

The library is very crowded. Is there anywhere else I can go to study? There are study places on the ground floor of the Gordon Museum, which is open from 9 a.m. – 5 p.m. Monday to Friday.

I think that the periodical I want is in the Anatomy Department library. Can you confirm this and may I go and read it there? Periodicals held in departmental libraries in the School and Hospital are recorded in the periodicals holdings list in the library. Departmental libraries may be used for reference, but please ask permission from the Head of Department.

I have heard about the new computerised information retrieval services in medicine. Are these available at Guy's? Yes; ask the library staff for more information. Demonstrations can be arranged for groups of students.

Can I borrow books from the University of London library? Yes, all students may use the University library at the Senate House. Application to join should be made at the registration desk in the entrance hall on the 4th floor of the Senate House (proof of student registration is required). Ask the library staff for more details.

If you have other questions, please ask the library staff – they are there to help you.

The Gordon Museum Audio Visual Library

by J. J. Daws

It is now nine years since the audio-visual library in the Museum was started. What began at quite a moderate level has developed into one of the largest A/V Libraries throughout the London Medical Schools and, due to its present extensive use by students, has been more than justified.

The idea of bringing the A/V Library to the Gordon Museum was mooted for a number of reasons. It had become obvious to some departmental heads that locally-housed machines were not working as effectively as they might, due to space arrangements, noise, lack of specialist supervision and availability to the greatest number of students. It was, therefore, agreed that most of the machines in the Medical School would be brought together into the Museum, up-graded, and the programmes re-vamped.

It was fortunate that, at this time, the dermatology section in the Museum was to be completely re-organised, so that the Towne wax models could be better exhibited and to introduce a tutorial and A/V learning area. Because of the considerable cost involved, money was sought from private sources and was generously given, the largest amount being from the Dunhill Trust. The conversions were duly completed and the Dunhill Dermatology Section of the Museum came about. Not only did this provide four new A/V carells, but enabled us for the first time to include T.V. and video facilities together with off-air reception and the I.L.E.A. land-line link to the University of London Audio Visual Centre (U.L.A.V.C.)

We have now provision for ten learning carells, three T.V. and video cassette recorders and one Fairchild cineloop projector. Gradually, the older machines have been replaced and a maintenance contract to deal with serious breakdowns implemented.

The next problem was to improve on the collection of programmes available and the School allocated a sum of money to the Gordon Museum A/V Library for the purpose of programmes and provided individual departmental finance to enable us to purchase, on their behalf, programmes that they felt should be included.

Not only was the A/V Library added to in this way, but programmes that could form part of the basic learning of clinical students were selected, vetted and purchased on behalf of the clinical tutor and there is also a request form for students to use for suggested programmes.

When Guy's Tower was opened, one of the provisions was an excellent T.V. recording studio, which for the first time allowed the production of video tapes in colour. Those produced have been a valuable addition to the A/V Library.

Although the A/V library up to now has been primarily directed at the clinical students, we have included a number of basic science topics, either by recording from the I.L.E.A. link to the U.L.A.V.C. (this link has now closed down), obtaining programmes direct from the U.L.A.V.C., or have had a number of programmes donated from several sources.

The A/V Library has grown, therefore, to the present size of approximately 300 programmes of various topics and types. We have instituted a simple booking-out system which also enables us to get a feed-back of the students' "rating" of each programme viewed, and the total number of programmes that have been on loan during any period. This has shown that approximately 3,000 programmes are loaned annually.

As time passed, it was obvious that, although our maintenance contract avoided serious breakdowns, the day to day running of the service required supervision. We have, therefore, shown that with our available technical staff we have dealt with the niggling problems of jammed slides, blown bulbs and broken tapes as they occur, so keeping the service efficient and, what is more important, instilling in the uncertain student a sense of confidence in this method of learning. In this way, the student has found that the programmes are available, intact and the machines in working order, unlike the experience that has been encountered in some A/V libraries, and this is reflected in the use of the programmes. Because of this we have felt this is the right time to re-catalogue and number the A/V library and hope that any further additions will not interfere with the system listed.

The basic division that we have used is as follows:–

A. Anatomy
B. Biochemistry
C. Physiology
D. Pharmacology
E. Genetics
F. Sociology/Community Medicine
G. Cardiovascular Medicine
H. Respiratory
I. Gastroenterology
J. Endocrinology
K. Rheumatology
L. Neurology
M. Renal
N. Dermatology
O. Ophthalmology
P. Psychiatry
Q. Anaesthetics
R. Paediatrics
S. Surgery
T. Orthopaedics/Trauma
U. Urology
V. Obstetrics & Gynaecology
W. Radiology
X. Pathology
Y. Ear/Nose & Throat
Z. Infectious Diseases, Venereal Diseases
II Immunology
HH Haematology.

GORDON MUSEUM
AUDIO VISUAL PROGRAMMES

THE PROGRAMMES ARE LISTED IN THE FOLLOWING FORMAT:–

A. Audio Tape (Cassette)
S. Slide Set.
AS. Tape Slide Programme
V. *Video Tape*
F. Film Loop (Super 8 mm)

THE PROGRAMMES ARE AVAILABLE ON APPLICATION TO THE CURATOR'S OFFICE IN THE GORDON MUSEUM **BETWEEN 9.00 a.m. AND 4.30 p.m., MONDAY TO FRIDAY**

Please Report Any Faults In The Programmes Or The Machines IMMEDIATELY And Do Not Attempt To Rectify These Yourself.

A-1 Embryology – Oocyte To Implantation
A-2 Embryology – Development of Heart & Circulation

D-1 Drug Interactions
D-2 Prostaglandins In Medicine
D-3 The Therapeutics of Terminal Pain
D-4 Nature & Management of Pain in Terminal Malignant Disease
D-5 Mechanisms of Action of Cytotoxic Drugs – Part 1
D-6 Mechanisms of Action of Anti-Microbial & other Cytoxic Drugs. Part 2
D-7 *Current State of Beta Blocking Agents – Part 1*
D-8 Current State of Beta Blocking Agents. – Part 2
D-9 Diuretic Therapy
D-10 The Fix – Drug Addiction
D-11 The Cure – Drug Addiction

E-1 Principles of Genetic Counselling
E-2 Recent Laboratory Advances in Genetic Counselling
E-3 The Unkind Inheritance
E-4 Genetic Disease – Part 1
E-5 Genetic Disease – Part 2

G-1 Examination of the Cardio-Vascular System
G-2 Heart – Radiographic Anatomy Series
G-3 Understanding Cardiac Rhythms
G-4 Understanding Electro Cardiography – The Vector Approach – PT. 1 & 2
G-5 Heart Sounds & Murmurs
G-6 Auscultation and the normal Heart
G-6 Cardiac Auscultation – Pure Mitral Stenosis
G-6 Cardiac Auscultation – Pure Mitral Regurgitation
G-6 Cardiac Auscultation – Mitral Stenosis & Regurgitation
G-6 Cardiac Auscultation – Pure Aortic Stenosis
G-6 Cardiac Auscultation – Pure Aortic Regurgitation
G-7 Cardiac Auscultation – Aortic Stenosis & Regurgitation
G-7 Cardiac Auscultation – Tricuspid Valve Disease
G-7 Cardiac Auscultation – Atrial Septal Defect
G-7 Cardiac Auscultation – Ventricular Sep. Defect
G-7 Cardiac Auscultation – Persistant Ductus Arteriosus
G-7 Cardiac Auscultation – Pulmonary Valve Stenosis
G-7 Cardiac Auscultation – Fallot's Tetralogy
G-8 Cardiac Auscultation – Coarctation of the aorta
G-8 Cardiac Auscultation – Supravalvular aortic stenosis
G-8 Cardiac Auscultation – Subvalvular aortic stenosis
G-8 Cardiac Auscultation – Idiopathic hypertrophic sub-aortic stenosis
G-8 Cardiac Auscultation – Transposition of the great arteries
G-9 Auscultation and the normal heart
G-10 Cardiac Auscultation – Pure Mitral Stenosis
G-11 Cardiac Auscultation – Pure Mitral Regurgitation
G-12 Cardiac Auscultation – Mitral Stenosis & Regurgitation
G-13 Cardiac Auscultation – Pure Aortic Stenosis
G-14 Cardiac Auscultation – Pure Aortic Regurgitation
G-15 Cardiac Auscultation – Aortic Stenosis & Regurgitation
G-16 Cardiac Auscultation – Tricuspid Valve Disease
G-17 Cardiac Auscultation – Atrial Septal Defect
G-18 Cardiac Auscultation – Ventricular Sep. Defect
G-19 Cardiac Auscultation – Persistant Ductus Arteriosus
G-20 Cardiac Auscultation – Pulmonary Valve Stenosis
G-21 Cardiac Auscultation – Fallot's Tetralogy
G-22 Cardiac Auscultation – Coarctation of the aorta
G-23 Cardiac Auscultation – Supravalvular Aortic Stenosis
G-24 Cardiac Auscultation – Subvalvular Aortic Stenosis
G-25 Cardiac Ausculation – Idiopathic hypertrophic sub-aortic stenosis
G-26 Cardiac Auscultation – Transposition of the great arteries
G-27 Arrhthymias after myocardial infarction
G-28 The Treatment of Acute Myocardial Infarction
G-29 How to Insert a temporary cardiac pacemaker
G-30 Cardio-Pulmonary Resuscitation Part 1 Basic Principles
G-31 Cardio-Pulmonary Resuscitation Part 2. Advanced Life Support
G-32 Venous Disorders of Lower Limb

H-1 Examination of the Respiratory System
H-2 Lung Sounds
H-3 Emphysema and Chronic Bronchitis
H-4 Asbestosis
H-5 *Sarcoidosis*
H-6 Sarcoidosis
H-7 Bronchial Carcinoma
H-8 Sputum
H-9 Asthma, Assessing the Severity and Monitoring Recovery

I-1 Dietary Fibre – Emergence of a Concept
I-2 Malnutrition in Intestinal Disease
I-3 Clinical Nutrition – Nutritional Anaemias
I-4 Clinical Nutrition – Metabolic Nutritional aspects of severe injury
I-5 Clinical Nutrition – Rickets
I-6 Peptic Ulcer
I-7 Tests for Gastric Function
I-8 Fibre – Its Importance in Human Nutrition
I-9 Cirrhosis. Pt. 1
I-10 Cirrhosis. Pt. 2
I-11 Liver Biopsy
I-12 Gallstones
I-13 Ulcerative Colitis
I-14 Cancer of Colon & Rectum

J-1 Introduction to Endocrinology
J-2 Pituitary Releasing Hormones
J-3 Hyperthyroidism
J-4 Acromegaly – A Clinical Approach
J-5 Introduction to Diabetes Mellitus
J-6 The Causes of Obesity
J-7 Aetiology of Graves disease
J-8 Gut endocrinology
J-9 Skeletal Manifestations of endocrine disorders
J-10 The Solitary Thyroid Nodule
J-11 Treatment of Obesity

K-1 Anatomy and Function of Shoulder Complex
K-2 Articular Cartilage
K-3 Back Pain
K-4 Ankylosing Spondylitis
K-5 The Painful Arc Syndrome
K-6 History Taking in Rheumatic Disease
K-7 The Importance of Arthritis
K-8 Investigations of a Patient with Arthritis

L-1 Examination of the Cranial Nerves
L-2 Examining Cranial Nerves
L-3 Examination of the Motor & Sensory Nerves
L-4 Eye Movements
L-5 Acoustic Neuromas

L-6 Speech Disorders in Adults
L-7 Disorders of Language
L-8 Movement Disorders
L-9 Gait
L-10 *Diagnosis of Peripheral Nerve lesions*
L-11 Carpel Tunnel Syndrome
L-12 Ulnar Nerve Lesions
L-13 Median Nerve Lesions
L-14 *Aphasia – Whose Problem Pt. 1*
L-15 Aphasia – Whose Problem Pt. 2
L-16 Aetiology of Multiple Sclerosis
L-17 Sub-Arachnoid Haemorrhages

M-1 Acute Renal Failure
M-2 Renal Immunology
M-3 Peritoneal Dialysis
M-4 Potassium Deficiency
M-5 Clinical Disturbances of Sodium & Water Balance
M-6 *Urine Under the Microscope*
M-7 Henoch-Schonlein Purpura

N-1 Constitutents of Connective Tissue
N-2 Cell Reproduction in Skin Diseases. Part 1 Cell Proliferation Kinetics
N-3 Immunofluorescence of the Skin
N-4 Percutaneous Penetration
N-5 Common Viral Infections of the Skin
N-6 Bacterial Infections of the Skin
N-7 Superficial Fungal & Yeast Infections
N-8 Skin Rashes in Infectious Diseases
N-9 Congenital Abnormalities of the Nails
N-10 Acne Vulgaris
N-11 Dermatitis Herpetiformis
N-12 *Scabies*
N-13 Generalised Pustular Psoriasis
N-14 Psoriasis
N-15 Psoriasis – Some Clinical Aspects
N-16 Dermadex Folliculorum
N-17 Ichthyosis Linearis Circumflexa
N-18 Lichen Planus
N-19 Cutaneous Leishmaniasis
N-20 Early Cutaneous Leishmaniasis
N-21 Late Cutaneous Leishmaniasis
N-22 Rosacea
N-23 *Pityriasis Rosea*
N-24 Cutaneous Reaction To The Sun
N-25 Drug Rashes
N-26 Skin Diseases and the Eye
N-27 Sub Corneal Pustular Dermatosis
N-28 Skin in Rheumatic Diseases
N-29 Pigmented Naevi
N-30 Systemic Lupus Erythematosus
N-31 Gardener's Syndrome
N-32 Mouth Ulcers
N-33 Varicose Ulcers – Part 1
N-34 Varicose Ulcers – Part 2
N-35 Cutaneous Manifestations of Diabetes
N-36 Cysts of the Skin
N-37 Skin Tumours
N-38 Epidermal Tumours
N-39 Mal de Meleda
N-40 Pellagra & other Avitaminoses in the Bantu
N-41 *Turban Tumour*
N-42 Statistics
N-43 Epidemiological Techniques
N-44 Basic Genetics for Dermatologists
N-45 Principals of Genetic Counselling for Dermatologists
N-46 Dermatology Quiz – Questions
N-47 Dermatology Quiz – Answers
N-48 *Bacteria Pathogenic On the Human Skin*

O-1 Examination of the Eye
O-2 The Red Eye
O-3 "I Can't See Very Well"
O-4 *Trauma of the Eye*
O-5 Uveitis
O-6 Ocular Pathology
O-7 Unilateral Vision Loss

R-1 Examination of the Child
Part 1. Older Children & Toddlers
Part 2. Infants
R-2 Developmental Assessment of Infants & Pre-School Children – 7 months
R-3 Developmental Assessment of Infants & Pre-School Children – 20 months
R-4 Developmental Assessment of Infants & *Pre-School Children – 3 years & 2 months*
R-5 Developmental Assessment of Pre-School Infants & Children – 4 years & 4 months
R-6 Gastro Intestinal History Taking in Childhood
Post Operataive Assessment for Anaesthesia
R-7 Mixing A Bottle Feed
R-8 Paediatric Dermatology (1)
R-9 Congenital Dislocation of the Hip
R-10 Still's Disease

S-1 Examination of the Abdomen
S-2 Examination of the Abdomen
S-3 Examination of the Abdomen
S-4 Endoscopic Fore-Gut
S-5 Bowel Sounds
S-6 Acute Abdomen – Part 1 Inflammation
S-7 Acute Abdomen – Part 2 Obstruction
S-8 Acute Abdomen – Part 3 Perforation
S-9 Diverticula of the Colon
S-10 Carcinoma of Caecum & Colon
S-11 Diagnosis of Lump in Neck
S-12 Tumours of the Salivary Gland
S-13 The Pathophysiology of Surgical Jaundice
S-14 Examination of Lower Limb In Peripheral Vascular Disease Pt. 1 Venous
S-15 Examination of the Lower Limb in Peripheral *Vascular Disease Pt. II Arterial*
S-16 Examination of the Breast

T-1 Head Injuries
T-2 Chest Injuries – Intensive Care
T-3 Blunt Abdominal Injuries
T-4 Soft Tissue Injuries
T-5 Suturing
T-6 Skin Suture
T-7 Vascular Injuries
T-8 Fractures & Other Injuries of Upper Limb
T-9 Fractures & Other Injuries of Lower Limb
T-10 Colles Fracture
T-11 Emergency Management of Common Hand Injuries
T-12 Burns
T-13 Shock
T-14 Tracheostomy

U-1 Cysts & Tumours of the Kidney
U-2 Urinary Calculi

V-1 Elements of Sonar
V-2 Pre-Eclampsia
V-3 Heart Disease in Pregnancy
V-4 Heart Disease in Pregnancy
V-5 Coagulation Disorders in Obstetrics
V-6 Intrauterine Growth Retardation
V-7 *Breech Delivery*
V-8 Multiple Pregnancy Pt. II
V-9 Multiple Pregnancy
V-10 *Ante Partum Haemorrhage*
V-11 Ante Partum Haemorrhage
V-12 Post-Partum Haemorrhage
V-13 Post-Partum Haemorrhage Pt. 1
V-14 Post-Partum Haemorrhage Pt. II
V-15 *Repair of the Perineum*
V-16 Breast Feeding
V-17 Irritation of the Vulva
V-18 Hydatidiform Mole
V-19 Fibroids
V-20 Total Abdominal Hysterectomy
V-21 Intersexual Disorders
V-22 Chromosomal Abnormalities
V-23 Rhesus Incompatibility

W-1	How To Read a Chest Film
W-2	A Large Homogenous Or Confluent Shadow
W-3	Hypertransradiancy of the Lung
W-4	Nodular Shadows in the Lung Fields
W-5	The Thorax – Radiographic Anatomy
W-6	The Spine – Radiographic Anatomy Series
W-7	Pelvis – Radiographic Anatomy Series
W-8	Upper Limb – Radiographic Anatomy Series
W-9	Lower Limb – Radiographic Anatomy Series
W-10	Radiology of Joint Disease
W-11	Gastro-Intestinal Tract – Radiographic Anatomy Series
W-12	Posterior Abdominal Wall & Urinary Tract – Radiographic Anatomy Series
W-13	Medical Radiological Emergencies
W-14	Metastatic Bone Disease
W-15	The Faraday Lecture 1978-79
X-1	Chapt. 2 Lesson 1 – Role of Path – Materials & Methods
	Chapt. 2 Lesson 2 – Role of Path – Materials & Methods
X-2	Chapt. 2 Lesson 3 – Role of Path – Materials & Methods
X-3	Chapt. 3 Lesson 1 – Man Environment & Disease
	Chapt. 3 Lesson 2 – Man Environment & Disease
X-4	Chapt. 3 Lesson 3 – Man Environment & Disease
X-5	Chapt. 4 Lesson 1 – Modification of effects of external environment at body surfaces
	Chapt. 4 Lesson 2 – Modification of effects of external environment at body surfaces
X-6	Chapt. 5 Lesson 1 – Cell Homeostasis
	Chapt. 5 Lesson 2 – Cell Homeostasis
X-7	Chapt. 5 Lesson 3 – Cell Homeostasis
X-8	Chapt. 6 Lesson 1 – Tissue Homeostasis
	Chapt. 6 Lesson 2 – Tissue Homeostasis
X-9	Chapt. 7 Lesson 1 – Organ Body & Community Homeostasis
X-10	Chapt. 8 Lesson 1 – Immunity
	Chapt. 8 Lesson 2 – Immunity
X-11	Chapt. 8 Lesson 3 – Immunity
X-12	Chapt. 9 Lesson 1 ¬ Inflammatory Responses & Repair
	Chapt. 9 Lesson 2 – Inflammatory Responses & Repair
X-13	Chapt. 9 Lesson 3 – Inflammatory Responses & Repair
	Chap. 9 Lesson 4 – Inflammatory Responses & Repair
X-14	Chapt. 9 Lesson 5 – Inflammatory Responses & Repair
X-15	Chapt. 10 Lesson 1 – Neoplasia
	Chapt. 10 Lesson 2 – Neoplasia
X-16	Chapt. 10 Lesson 3 – Neoplasia
	Chapt. 10 Lesson 4 – Neoplasia
X-17	Chapt. 11 Lesson 1 – Abnormal Accumulations
	Chapt. 11 Lesson 2 – Abnormal Accumulations
X-18	Chapt. 12 Lesson 1 – Infection & Infec. Disease
	Chapt. 12 Lesson 2 – Infection & Infec. Disease
X-19	Chapt. 13 Lesson 1 – Affects of some Physical environmental agents on body homeostasis
	Chapt. 13 Lesson 2 – Affects of some Physical environmental agents on body homeostasis
X-20	Chapt. 14 Lesson 1 – Circulatory Disturbances
	Chapt. 14 Lesson 2 – Circulatory Disturbances
X-21	Chapt. 14 Lesson 3 – Circulatory Disturbances
	Chapt. 14 Lesson 4 – Circulatory Disturbances
X-22	Chapt. 15 Lesson 1 – Developmental Abnormalities
	Chapt. 15 Lesson 2 – Developmental Abnormalities
X-23	Chapt. 16 Lesson 1 – Ageing
X-24	Chapt. 17 Lesson 1 – History of Pathology
X-25	Pathology of Parasitic Dis. parts 1 & 2
X-26	Pathology of Parasitic Dis. Parts 3, 4 & 5
X-27	Cirrhosis of the Liver
X-28	The Hidden Threat. Slow viruses
Y-1	Hoarseness
Z-1	Rabies
Z-2	Sexually Transmitted Disease Today
Z-3	Non-gonococcal Urethritis
Z-4	Gonorrhoea
Z-5	Infective Vaginal Discharge
Z-6	Homosexuality & Its Problems
HH-1	Acute Leukaemia
HH-2	Treatment of Acute Leukaemia
HH-3	Chronic Lymphoid Leukaemia
HH-4	Chronic Non-Lymphoid Leukaemias
HH-5	Hodgkin's Disease & the Reticuloses
HH-6	Treatment of Hodgkin's Disease in 1974
HH-7	Polycythaemia Rubra Vera
II-1	Specific Immunological Unresponsiveness
II-2	Immune Deficiency States

Let the Bank Help You

by D. L. Hanks

One of the burning questions occupying any student's thoughts, no matter what discipline he or she is studying, is money. Money, and where to obtain it, governs the availability of a roof over your head, food, clothing, beer, textbooks and equipment during your student days. It also plays a large rôle in life after graduation. For instance, how do you afford premises and equipment for your practice? How do you buy into an existing practice? How do you replace outworn equipment? The answer to these problems lies with your bank manager.

Normal living expenses are usually accounted for by a grant from your Local Education Authority. If you deposit your grant cheque with your local branch, they will provide current and deposit accounts, cheque guarantee card, cash card and many other services when you need them. However, the grant is not designed to cope with the special book and equipment requirements of medical and dental students, as you have probably already discovered. Nat West has, therefore, designed two Loan Plans in cooperation with the British Medical and Dental Associations. Under these Plans, students who are over 18 years old may take out a loan of up to £1,000, in instalments over the period of study, specifically for books and equipment. Repayments are scheduled to fit your own circumstances and, depending upon the duration of your course of study, may be spread over periods of anything up to 10 years; interest is charged at 1 per cent over the Bank's base rate (minimum 7 *per cent*).

What happens after graduation? You will need several things: accommodation; a surgery in which to practice your skills; equipment; capital to run the surgery, employ a receptionist/assistant, etc; immediate living expenses. The Bank has arranged with the B.M.A. and the Medical Insurance Agency to provide house and surgery purchase loans to graduates. The loan repayments are individually structured to follow the development of your business. However, there is one condition: all your banking business must be conducted by the branch which gives you the loan. This does have advantages in that your Manager is likely to be far more sympathetic to your needs if he is kept fully informed of your progress and the difficulties which are almost guaranteed to crop up occasionally.

As for equipment and working capital, Banks are vitally interested in small businesses, which is what *you* become as soon as your start work. Provided you can convince your local Manager that you are a viable going concern, he will give you a Business Development Loan (B.D.L.) – the range is from £2,000 to £250,000 – for periods of one to twenty years, which you can use for buying and running the Surgery. B.D.L.'s can also be used by established practices to extend their premises or replace old equipment.

There is another way to acquire equipment, through finance companies which specialise in providing furniture, equipment and other items either by hire purchase, when you will become the eventual owner of the goods, or leasing – which is hire without purchase. The advantage of leasing is that you can conserve your capital for use elsewhere and have the use of the most sophisticated equipment on the market, which you probably could not afford, initially, to buy outright. Of course, it can be 'swapped' with the leasing company for something newer, as and when necessary. Members of the British Dental Association are given preferential rates for using the Nat. West. scheme.

Should you reach the position where you have a house, a surgery, several thousands of pounds-worth of equipment, one or two employees, hopefully a large *clientèle* and eventually a family, it is your responsibility to provide some form of protection, if not arranged previously. Did you know that there are at least 40 types of insurance cover that it is advisable to consider, depending on the type of location of your practice? Well, before panic sets in at the sheer size and complexity of the problem, speak to your bank manager. He has direct contact with insurance brokers who will arrange all of the details for you at very competitive rates, as well as provide independent advice. Your manager can also take care of the accountancy and tax problems that will arise once the Inland Revenue becomes aware of your professional existence, as well as providing any other advice on financial and legal matters that you may need.

Nat West is ready to help you with your career from the moment you become a student until you retire. All Banks nowadays are proud of their ability to offer customers "a complete financial package". The full list is too long to mention in a short article. Do go and see your local branch manager and find out about the services mentioned in this article and all the other ways in which your bank can help you.

(Mr. D. L. Hanks is the Manager of the London Bridge branch of the National Westminster Bank).

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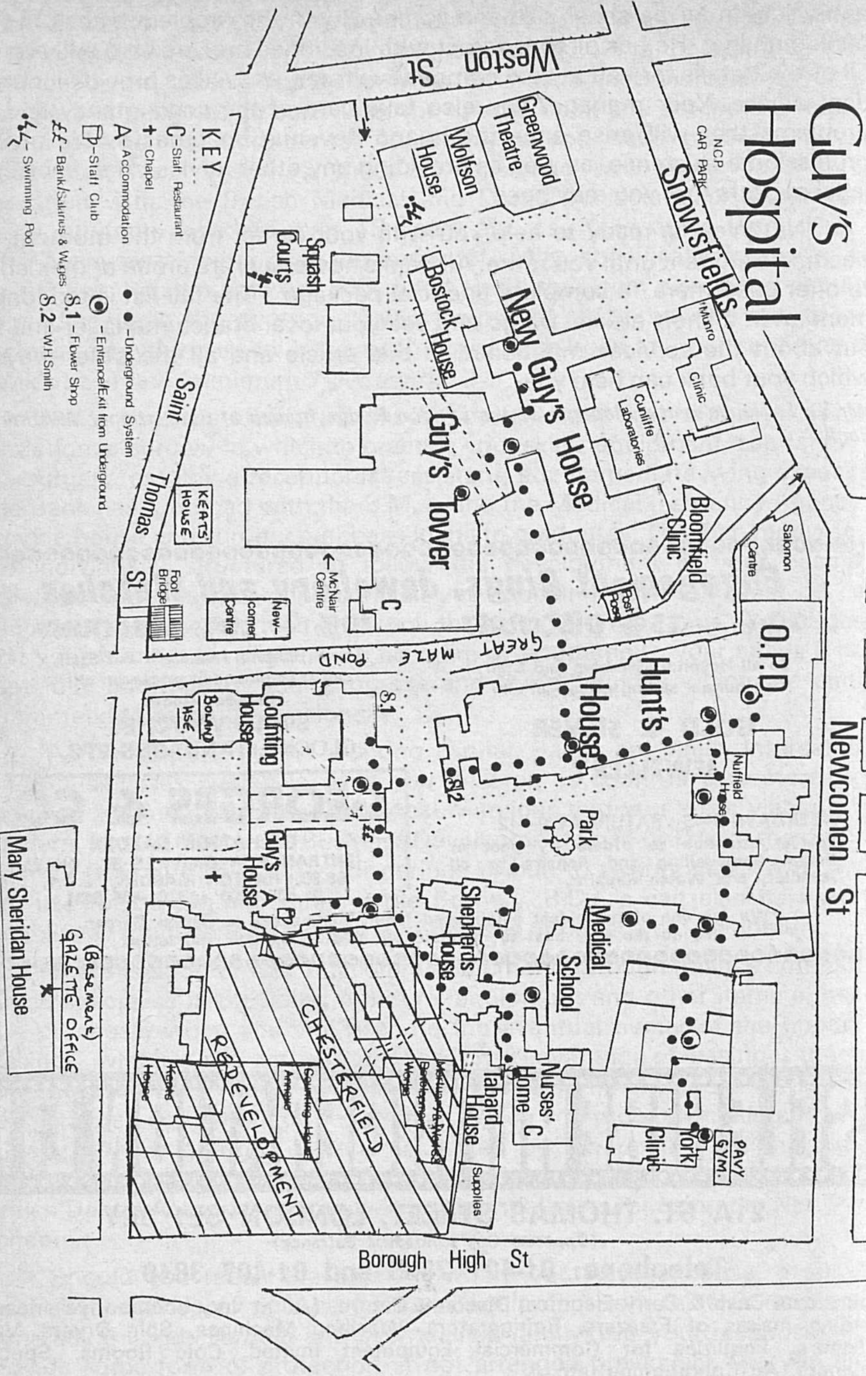
Guy's Hospital
N.C.P. CAR PARK
Snowsfields
Weston St
Greenwood Theatre
Wolfson House
Squash Courts
Bostock House
New Guy's House
Munro Clinic
Cunliffe Laboratories
Guy's Tower
Bloomfield Clinic
Salomon Centre
Post Room
O.P.D.
Newcomen St
Hunt's House
Nuffield House
Park
Medical School
GREAT MAZE POND
McNair Centre
New-comer Centre
C
KEATS' HOUSE
Foot Bridge
Saint Thomas St
Counting House
BOLAND HSE.
Guy's House
Shepherds House
Nurses' Home C
Tabard House
York Clinic
PAVY GYM.
Supplies
CHESTERFIELD REDEVELOPMENT
Counting House Annexe
Keats House
Mary Sheridan House
(Basement) GAZETTE OFFICE
Borough High St
KEY
C - Staff Restaurant
+ - Chapel
A - Accommodation
- Staff Club
- Swimming Pool
££ - Bank/Salaries & Wages
● ● - Underground System
◉ - Entrance/Exit from Underground
S.1 - Flower Shop
S.2 - W.H Smith

Nursing

In September, 1974, in the previous re-organization, Guy's Health District, as it was to be known, gained an important prize and asset – one Miss Margaret Mackintosh (as she was then). Alas, in this latest re-organization of 1982, we are to lose that prize, in the form of Mrs. Margaret Davis. Since coming to us from Pembury, Mrs. Davis has steered the District through many trials and tribulations and implemented changes – some by choice, others forced upon us. Never one to shirk her responsibilities, Mrs. Davis has accepted everything in her stride.

1976 opened very auspiciously for her – she was married on New Year's Day! That year also saw the 250th Anniversary of Guy's Hospital, and Mrs. Davis met Her Majesty the Queen at the official opening of Guy's Tower. St. Olave's Hospital closed in 1979/80, and many nurses will remember Mrs. Davis' concern for them during that traumatic time.

The $37\frac{1}{2}$ hour week was introduced on 1st October, 1980, – a major change in nursing, which affected every grade of staff and needed much careful negotiation and re-organization of staffing levels prior to its implementation.

One of the most notable achievements accomplished by Mrs. Davis was the commencement, in 1979, of a ward sister training scheme, in conjunction with the King's Fund. This was (and is) a project very dear to her, and all connected with it have cause to thank her.

Although a very "senior manager" and member of the District Management Team, Mrs. Davis was first and foremost a nurse, and had the care of patients uppermost in her mind. This caring attitude was something that she always tried to convey to her staff. She also realised that the nurses themselves needed care too – from the most junior to the most senior, and this caring attutide was one of the prime facets of her personality.

What a daunting task it must have been, eight years ago, to come to the Guy's Health District with one of her aims being the integration of the community and Hospital nursing services. Daunting or not, that is yet another achievement accomplished by Mrs. Davis during her tenure of office.

It is with pleasure on her behalf, but reluctance on ours, that we now relinquish her to her husband and family in Kent to continue her busy life as a J.P., a gardener, and an excellent cook. Her warmth of personality, interest and enthusiasm will be greatly missed, and our very best wishes and thanks go with her.

V. M. Taylor

Physiotherapy

A lot has been written about the problems confronting patients when entering hospital for the first time – the loss of identity, the dislocation of time and space, the helpless feeling of being dependent on unknown people. Little sympathy, on the other hand, has been evinced for the Freshers faced with a similar plight. Their only welcoming signs are apt to be made by those who want something of them, like their money for a subscription to this or that club, or their time or their brawn, or, just occasionally, their brains. Sometimes, perhaps, even other things, of which delicacy forbids mention.

I can recall, when first coming to Guy's, an immensely imposing gent in a white coat, progressing with dignity through the park. Quite convinced that this must be a renowned surgeon or senior physician, I discovered only years later that he was nothing of the sort. A charming man, as it happened, worthy and meritorious, but not at all what he seemed. We cannot do a lot to help our successors to avoid such errors, perhaps, but some small benefit might accrue from being able to identify at least one battalion in the regiment of uniformed females.

Physiotherapists wear name badges, of course, as do most people nowadays, but since they are simply headed "Physiotherapy" they do not give much indication of the relative clout – figuratively speaking – that the given wearer can wield. (You must forgive the presumption that any of us can wield any sort of clout). So the women of our ilk simplify matters by adding coloured belts and trimmings to their white dresses – the seniors and teachers wear blue belts and navy edgings to the sleeves and collars of the dress (or tunic, when they are in trousers); the junior qualified staff wear black belts and the students yellow belts with no edging; except, that is, for our Freshers who wear a white belt. At other times, the students are to be seen in sleeveless blouses and blue trousers, but, out of uniform, they disappear into the anonymity of modern student dress and merge with almost any other young female hospital group you care to think of.

In uniform, the dozen or so men are less easy to pick out, except that as students, they wear short-sleeved coats. At present, we have no male clinical staff in the main department and David Scrutton in the Newcomen Centre always wears jeans as his uniform, so any other male physiotherapists you might meet are members of the School's teaching staff.

Me? I am easy to recognise – the lissom, athletic one with the boyish good looks – and I am to be treated very deferentially, so if you come across anyone of that description I would be obliged if you would bear it in mind!

Ronald J. Cooper

Book Reviews

"Practical Epidemiology", by D. J. P. Barker. 3rd Edition. Pp. 160. Price £4.25. Cover: Soft. Published by Churchill Livingstone.

The bulk of this book describes the standard techniques of epidemiology, and discusses the problems associated with them. As such, it would be equally applicable to westernised countries, and those with problems of development. However, many of the examples used relate to infectious diseases, or to those of nutritional deficiency, which are more likely to be faced in the developing countries. Two of the chapters are written by Professor Bennet of the East African Regional Office of *UNICEF*. These deal with field work techniques, and the investigation of epidemics which are particularly relevant to tropical countries. The authors stress that preventive effort should be concentrated on the determinance of diseases which are amenable to change – i.e. those which are determined environmentally, rather than genetically. The other basic requirement is to evaluate the effect of including a preventive measure in a health programme, and, perhaps even more important, the relative benefit of one measure compared with another, both in terms of cost, and a relative success in limiting the disease for which prevention is being sought. The place of epidemiology in achieving these goals is spelt out simply, and summarised concisely, in the final chapter under the four headings of: planning, organisation, execution and evaluation.

This is a well-written, and easily read book by an experienced author. It will be of particular value to those training in tropical public health, but will also be of interest to those doctors (and to a lesser extent other health workers) who find themselves faced with the need to plan and implement preventive measures for countries faced with problems of deprivation on a small scale, as well as those with government responsibility.

J. A. D. ANDERSON,
Professor,
Community Medicine

"Nature and Causation of Disease", by Ronald Hoy. 1st Edition. Pp. 188. Price £3.95. Cover: Soft. Published by McGraw-Hill.

This book seeks to take account of the move away from the "medical model" in nursing education. As stated in the preface, the aim is to embody a multiple approach to disease by three routes: developing and understanding symptomatology and hence the disease process via anatomy and physiology; highlighting some developmental and epidemiological factors associated with disease; and indicating the main social groups which can have a bearing on the health of individuals. There are three sections. The first deals with the body in health and disease and covers basic sciences of chemistry, physiology and anatomy; it also includes chapters on reproduction and the symptomatology of psychiatric illness. The second section entitled epidemiology covers both direct and indirect causative factors including infection, tumours and direct physical agencies (e.g. accidents, temperature, radiation), and less direct ones such as differences in ecology and behaviour, and the importance of natural changes and problems associated with the aging process. The final section, socialisation of the individual, considers the family, industry and religion as well as living circumstances such as urbanisation; it ends with a chapter on problem groups (delinquents, deviants and those with other mental and emotional disturbances).

This book by the Director of Nurse Education at the Middlesex Hospital is lucidly written and easily read. It is intended for nurses in training and presents the nature and causation of disease from a broad-based point of view. Under these circumstances, it is almost inevitable that some details are omitted as far as the needs of medical students and also nurses engaged in higher training are concerned. It is, however, useful background reading on which supplementary study can be based.

J. A. D. ANDERSON,
Professor,
Community Medicine

"Understanding Nursing Care", by A. M. Chilman & M. Thomas. 2nd Edition. Pp. 595. Price £11.95. Cover: Soft. Published by: Churchill Livingstone.

This is the second edition of this popular nursing textbook. It is larger in both width and format and has been updated to include additional material on tumours of the nervous system, and nursing management of patients with joint disorders, those with skin problems and women undergoing breast surgery.

The first section of the book is intended as a general guide to the relationship between common problems of the biological systems and nursing care, whilst the second section examines the needs of *individuals at different stages of their life* span, both in hospital and the community.

The authors have made no attempt to replace specialised nursing texts and the inclusion of titles for further reading at the end of each chapter is, therefore, particularly helpful. Other useful features include suggested project assignments and discussion topics. The book is well illustrated throughout.

I feel sure that this book will remain popular amongst all nurse learners. It should, however, be considered as a commendable basic text, but one which will require supplementing with wider reading.

VALERIE MUSSON
Nurse Tutor,
School of Nursing

"Pears Encyclopaedia of Child Health", by Andrew and Penny Stanway. 1st Edition. Pp. 234. Price £4.95. Cover: Soft. Published by Sphere Books.

There exists currently a plethora of baby books or books on child health and child care – *so much so as to thoroughly confuse* the prospective reader. The questioning parent undoubtedly requires a source of reference not intended to substitute for the family doctor or paediatrician; but where to start? The traditionally recognised and well accepted publications have become difficult to compete with, but whatever approach is utilised to pass on information, it is of great value.

The *Pears Encyclopaedia of Child Health* is a medical dictionary devoted entirely to the health of the child from birth to the early teens. The entries are diverse and cover the minor everyday problems encountered in the home, to the potentially more serious problems and rather rarer diseases. The book is well illustrated, and arranged alphabetically, rather than cumbersomely split into sections, and is, therefore, an easy source of reference. Basic ideas on anatomy and physiology are dealt with well, as are reasoned approaches to disease in childhood. Written by a husband and wife team, as both parents and doctors, the result is a useful and comprehensive handbook offering a great deal of advice. Hopefully, this book will make a useful contribution to an area which is rapidly becoming saturated with similar publications.

R. S. TROMPETER,
Lecturer,
Paediatrics

"Learning to Use The Process of Nursing", by N. Roper, W. Logan & A. J. Tierney. 1st Edition. Pp. 119. Price £4.50. Cover: Soft. Published by Churchill Livingstone.

This volume provides a logical follow-up to the authors' previous book, *The Elements of Nursing,* (Roper, N., Logan, W. W., Tierney, A. J. (1980), Churchill Livingstone, Edinburgh) in which they present a model for nursing that has as its focus activities of living and which incorporates the concept of the nursing process.

The purpose of this new book is to help the nurse to understand how this model can be applied in practice. After an introduction which outlines the model of nursing and the process of nursing, there is a series of realistic patient presentations which illustrate a particular aspect of application. The examples used cover individuals from all stages of the life-span and with different kinds of health problems.

The book is lucidly written and presented, and provides an effective link between theory and practice. It is, therefore, a book that should be read by all nurses, both learners and qualified practitioners. It will be of particular value to those working within this Health District since, the new nursing curriculum takes as its central theme the model of nursing proposed by the authors of this book.

VALERIE MUSSON,
Nurse Tutor,
School of Nursing

Correspondence

Sir Geoffrey Marshall

Dear Sirs,

Towards the middle of the war, I had the great fortune of being Dr. Marshall's registrar: a better chief no-one could have wished for. At that time, a good few students and nurses were under his care for pulmonary tuberculosis. In view of his heavy commitments, his attendances were irregular and, sometimes, infrequent. The patients tended to get restless as the time for his next visit had passed, but they were soon enough reassured when he came and put his stethoscope on their chest, looked at the X-ray against the window, and said *"You're doing alright laddie (or lassie)"* and gave them a big smile. One of them asked that the treatment of his diabetes should be left to him, as he knew more about it than either Dr. Marshall or I. Dr. Marshall agreed without a moment's hesitation.

On one occasion, he was called to the telephone during a ward round. He returned and told me to remind him to tell the story. He had been deputising for Mr. Churchill's personal physician, Lord Moran, and had been called to No. 10. He found the Prime Minister smoking a cigar and suffering from conjunctivitis, in the eye on the side of the cigar. Dr. Marshall explained the aetiology of the lesion, and the great man promptly moved the cigar into the opposite corner of his mouth. The call was from the chemist to check the prescription, since it was, no doubt, many years since Dr. Marshall had treated an eye condition.

Early in the war, I had a letter of despair from a contemporary, who had been invalided from the army and felt that he was rotting in a hospital in the north. Dr. Marshall was consulted, and after seeing the X-ray, he agreed to have the patient in one of his own beds, and this was the beginning of his slow recovery.

I shall treasure the memory of this outstanding physician, and remember his wonderful personality and his charming smile.

Yours sincerely,

Dr. W. G. TILLMAN.

59 Grande Rue,
Alderney, C.I.

Sir Geoffrey Marshall

Dear Sirs,

On a foggy evening in January 1944, I was involved in the Ilford train disaster in which eleven people were killed and fifty-three injured. I was lucky enough to survive, but with multiple injuries including five fractured ribs and severe burns. I eventually came under the care of Mr. Stamm and the consultant physicians at Guy's who were concerned about the blood in my plurae, and lungs, and so sought the advice of Sir Geoffrey Marshall.

Although breathless and in great pain, I remember the moment of his arrival at my bedside very vividly. He was surrounded by a whole retinue of staff and nurses and I awaited his clinical pronouncement with some apprehension, but he just said to me very quietly "This *is* bad luck, Harrington." Whether it was his quiet way of speaking or his extremely courteous manner I shall never know, but I felt then as I have done ever since that here was somebody who really cared. My morale was low and barely sustained by morphine and good nursing, and this unexpected compassion made me burst into tears. The next thing I knew was that the retinue had somehow disappeared and Sir Geoffrey was sitting with me alone.

He then explained the reason for my tears. *"You are an officer in the British Army"*, he said, *"and no doubt after the shattering noise of the accident had stopped you said* 'Don't worry chaps, it's all over' ". (How right he was). *"Now if you had been a Frenchman you would have yelled with rage, but being British you had to keep a stiff upper lip. What you are doing now is completely natural – don't be ashamed of it"*. I have never forgotten this wise advice given to me by a great man to whom all his patients were human beings and not just clinical material.

Yours sincerely,

J. L. HARRINGTON.

Pen-y-lan,
Tregoyd,
Three Cocks, Brecon.

Retrospective

Dear Sirs,

I know that you are not necessarily in agreement with the views of your contributors, but the generous appreciation of the late Dr. Nathan Mutch is marred by the reference to *"a certain amount of derision"* (of some of the therapy of fifty years ago).

"To-morrow I may be Myself with Yesterday's Sev'n thousand Years". said Omar Khayyam, as may we all, and I hope that the *Gazette* of 2032 will not contain similar sentiments. Our generation, as does yours, did its best with the knowledge then available, and indeed, sometimes added to it; this best, I am sure, does not call for derision.

Yours sincerely,

CHARLES MARSHALL.

"Cranham",
18a, Church Hill,
Pinhoe, Exeter.

Sport

Welcome to Guy's

As you read this, you have no doubt been labelled with the derogatory and school-like title *"Fresher"*. My sympathies, but we've all been through it before – and, having been Freshers before, all us old hands know that one of the quickest ways to dispel it is to become an active member of one of the many clubs.

At first, you may be put off by the apparent strength in depth and "cliquiness" of the clubs, but this is never the true case. Each year, we lose our oldest members and each year, we look to *you* to replenish our stock and continue the long and famous sporting tradition at Guy's.

Hopefully, during your early weeks, you will be frequently advised against doing work to the exclusion of other activities, and encouraged to pursue your extra-curricular interests, particularly in the field of sport. Sound advice. Good advice. Follow it – the clubs have much to offer you – including advice on how to pass exams and be a *"satisfactory"* student as well!

You will do well to keep your options open: try out all the clubs that interest you, and stay with them beyond the first encounter. The longer you allow yourself to look at a club, the more the advantages and opportunities it has to offer will become obvious.

Speak to the representatives at the Freshers' Fair. They will be able to tell you more about the standard, the opposition, travelling to venues, and so on. If you miss that chance, drop a note into the relevant club's pigeon-hole.

Good luck to all – but I don't expect you will need it!

Mark Batterbury

ASSOCIATION FOOTBALL

Guy's v. Meadowbank Thistle

A sunny Sunday saw a Guy's "Assortment" XI start the new season with a match against Meadowbank Thistle Supporters' Club, vanquished 8–5 a year ago. As perspiration dripped from our brows (and elsewhere) with the shock of playing again after such a long lay-off (we just missed going to Spain and so had a restful summer), the opposition readily capitalised on our sluggishness and soon went ahead.

At 0–3 down, we slipped into gear, and began to polish away the rust from creaking wheels. Most of the enterprising moves stemmed from Tim Harris at the centre of the midfield, with workmanlike support from Mike Evans in particular. Indeed, it was Tim who started our revival with a deftly flicked goal after good work on the right.

In the second half, as Meadowbank flagged and Guy's found better rhythm, chances came in plenty. All the forwards missed easy goals from opportunities regularly provided by their tiring, determined, colleagues, like Robin Russell and Bob Dyer. As Guy's continued to push forward in search of goals, the defence occasionally looked open: one more goal was, in fact, conceded, but looked a bit offside to me. We managed no more than that solitary success, but certainly should have come away with a draw.

Conclusion? Please stay with us, you rugger and hockey players. If at first the Club looks difficult to enter, *don't* be fooled – there are lots of places to be filled.

Rudolf.

CRICKET CLUB

Bognor Cricket Tour 1982

The '82 tour started well, in that we set off no more than twenty minutes late, and an apparently incident-free journey brought us to our hotel in sunny Bognor (it actually was) in surprisingly good time, highlighting the foresight of both Peter and Mike (Bellew) to leave their minis behind and borrow reliable motors. On entering the hotel, Peter, reminiscing over last year's tour, was disappointed to find his old room unavailable this time.

The afternoon's game against Bognor was started slowly with Guy's in the field. This was partly due to some good bowling, especially by C. King, but also a very cautious start by Bognor. Mike Bellew was denied his first tour wicket (previous years included!) by the infamous "Trigger", despite a batsman clearly edging the ball to the keeper. A. N. Other (Chris's friend), supposedly of fine pedigree, started well with two wickets as first change bowler, but spoiled this somewhat by dropping three easy catches, one off his own bowling. Their batsmen were visibly shaken when Peter brought on Elaine, our lady player, into the attack. Mr. Powell must have felt for them as he dropped a simple catch at cover off her second over. By tea, Bognor had plodded to 181 for 4.

In reply, Guy's started well: Jolliffe scored 25 including a six (honest!), seemingly coping with Bognor's good, but tempting spinners. A few quick wickets brought Bryant and Powell together, and this unlikely combination seemed like staging a recovery. Trigger, unfortunately, spotted the danger, and Bryant was given run out (for a glorious 7) without a *"Howzat"* to be heard, and next over he gave Powell l.b.w.: Guy's collapsed to 82 all out, Jeremy (Chris's brother) collecting his first duck.

The team curry that night was attended by all except the younger lovers (Ian and Elaine), with no ill effects – even the Bellew vindaloo. Monday commenced with an entertaining breakfast, served by the delightful, unruffled Karen. The fast-emerging full-fledged tourers (Mike B, Dave, Tim, Jeremy and Victor) went for team golf. Bellew's swing was reminiscent of his batting stroke, consequently amassing a number of air shots and losing five balls. McGuckin, not to be outdone, lost his much-used sand iron. Victor nearly equalled his season's batting aggregate with a round of 149. McGuckin claims he just won – although he seemed to spend long periods thrashing around in the woods, to emerge with just one stroke added.

Waterloo Revisited was graced by the presence, for a short while, of the younger lovers. Jeremy began to realise his drinking potential (probably genetic), although briefly disappeared to watch a smutty t.v. programme. Mike Powell, in true Christian spirit, showed a latent fetish for watching people mauling each other, in that he went to the wrestling for the evening. At Time, the stalwarts adjourned to the hotel, where Bryant's lust for the manageress was heightened by a chance discovery. Breakfast the next morning was greeted with Jeremy joyfully reporting that his room-mate (McGuckin) had spent most of the night reversing the natural course of his evening's intake.

We arrived at the Brighton Hospital's ground in good time, but were unable to locate *the* beach. Brighton, batting first, got off to a good start, helped by the late arrival of one player, the smallness of the ground, and McGuckin ushering the ball over the boundary – proving that the ice lolly did not have the hangover-curing powers he had thought. Victor disproved his previous night's boasts by dropping a simple catch.

Highlights of the innings were Elaine's excellent catch off Jolliffe's bowling, when she miraculously intercepted a ball heading deservedly for the boundary; Bryant being allowed to bowl and nearly getting a wicket with the first lob, though the wicket-keeper was too slow *(laughing too much? – Eds.)*; and the Oscar-deserving performances by our Leader every time he misfielded. Brighton declared at 264 for 4.

The Guy's openers then had to bat with twenty minutes to tea. Peter's nominating of several tea watchmen floundered when he and Leonard joined the ranks of the great by being dismissed for ducks in the opening overs. After tea, McGuckin (42) and Powell (37) staged a recovery before Powell, seeing the ball like a football, suffered another cerebral lapse and did not play at a delivery which subsequently removed his off stump. This brought Bryant to the crease, beautifully padded up, after succesfully persuading his captain to put him up the order. After meticulously taking his guard, and surveying the field placings, he skilfully avoided connecting with the first delivery. Victor was more successful with the next, thus avoiding the hat-trick. Simon was later given out by a Trigger clone (caught off his hip), and Elaine scored her first runs before Guy's crumbled to 124 all out.

The evening's socialities were fairly subdued, but were enlivened by our Leader's bold statement to his wife *"Shall we see if we can find that little place" – possibly a reference to a restaurant.*

The last game against Middleton on the Wednesday was by far the most enjoyable. Guy's batting first reached 119 for 5 thanks mainly to McGuckin (36), Powell (28) and Jolliffe (39). At this point I. Leonard came to the crease and proceeded to score 51 not out, including one huge six, sharing in a partnership of 59 with Gregson. Guy's declared at tea with 183 for 9.

When Guy's took to the field after tea, they were confronted by a certain Kevin Smith (a Sussex II player), who was in a hurry to keep a date with his friend Sharon. He raced to 55 out of 77 for the first wicket, before J. King had him caught at first slip. Jeremy took a second wicket when Bryant took another brilliant diving catch. A superb over from C. King then followed: hit for 4 off the first ball, he then took two in the next two deliveries. Then, with all the fielders crowding the batsman, Chris, on a hat-trick, bowled a no-ball. Two deliveries later, he made amends with another wicket. At 105 for 5, the game seemed in the balance, but the two batsmen consolidated and cruised home to win by 5 wickets.

This ended an enjoyable tour for all those who attended, despite the loss of all three games. There was some good batting from McGuckin, Powell and Jolliffe, while Ian Leonard produced the innings of the tour in the last game, and J. King collected his third duck. The bowling was dominated by the King brothers, Mike Bellew still not getting a wicket on tour, despite some good spells. Jolliffe, as captain and leader of men, bowled himself with a fine variety of line and length, and one can only speculate as to what might have been if Bryant had been given another over.

Finally, our thanks must go to Judy for her dedicated, immaculate scoring. She is now confident enought to inform the umpire when six balls have been bowled, as well as criticising Peter's performances.

T.B.

The Spirochaetes Tour to the 32nd Torbay Hockey Festival

Autumn is upon us and, again, it is time to publish another Spiro's report after the customary six-month delay allowed for the perpetrators to grow beards, acquire dark glasses, change names and so on. The *purpose of this report is solely to inform* the Spiros just what they actually did back in the Easter of 1982, as I believe few have any recollection of those four stormy days. All names and places are wholly factual and any resemblance to any persons alive or (preferably) dead are entirely intentional, and any repercussions that may ensue – *totally* deserved.

A tense feeling of excitement, mixed with a sense of foreboding, a little eager expectation and just a twinge of nausea gathered around the eighteen members, with almost eleven hockey sticks, to be seen in the *"Shoe"* on Thursday lunchtime. The Spiros were feeling confident in the knowledge of the 2nd XI Hospital Cup triumph. Admittedly, only two members had played in that all-conquering side but, with at least four other hockey players amongst them, the Spiros looked stronger than they had in many years. There we awaited the arrival of our captain and leader Mr. Johnston, together with the transport. Rumours were afoot that the van had been despatched already for the south, ahead of the main Task Force. Questions were being asked in increasingly loud voices as to why it had taken the captain so long to arrange for the Task Force to get underway, when the signs had been clear for some time before, and that unless we arrived in southern areas before nightfall all would be lost (i.e. the pubs would shut).

The party was provisioned with a barrel of fine ale and in-car entertainment, together with a number of stowaways – unwelcome visitors on the person of Mr. A. Williams (keep going with the benzoate paint). Off down the embankment and on to the M4; switch on the beer, turn up the Bruce Springsteen, and turn down cortical control. By Membury Services, the inmates of the bus ruined quite a lot of bank-holiday weekends; the other car was, meanwhile, in Chelsea, with a member of the police trying to break into it.

The final 100 miles were made in comparative quiet as everyone was – uh – asleep with the possible exception of the driver, and Mr. Hart, who had sustained a subdural haematoma. But as the sacred *environs* of Torbay were approached the chant went up *"Payta ... Payta ... Payta ..."* and continued, unabated and incomprehensible, for twenty minutes.

We were greeted enthusiastically by Norman and Shirley at the Gables Hotel, but one could not miss the subtle differences from 1981: the wary look in Norman's eye, the lack of other guests, the plastic glasses, the polythene floor, the barred window, the midnight curfew notices, the electronic surveillance systems, the fifteen stone security guards and the E.C.T. apparatus newly installed in the second bathroom ...

We settled down to celebrate the inauguration of another tour and the start of the twenty-fifth year of one member, fully expecting him never to get to his twenty-sixth when given his present by the assembled company. The exact ingredients remain undisclosed, but it looked like a glass of *Fairy* liquid and its effect was, in the immortal words, *"akin to having your brains smashed to pieces by a gold ingot wrapped in a slice of lemon."* The experience proved the often voiced suspicion that uttering the word *"bucket"* is purely a brainstem function.

Good Friday morning saw all eighteen members at breakfast and then set out on the Paignton walkabout. Woolworths was a disappointment – you just don't get the same class of silly toys in there that you used to – and so on to Victoria Park by helicopter to ogle at Miss Paignton 1982 and drown the opening speeches with cheerful cries. The ageing 71st Lancets arrived: it really *is* time for some of them to hang up the old gold and blues and put the water pistols in mothballs.

At 11.30 a.m. on the dot (incredible!), Spiros joined battle with the Dolphins, but despite some very brave, and some very stupid efforts by various individuals – we went down 5–1. "Nose of the match" award went to Mr. Evans for scoring our goal, a magnificently taken penalty-flick straight up into the corner, out of reach of the goalie who, unfortunately, had his back turned. But all Spiros goals count (and it doesn't take long to count them all).

After *luncheoning with the Lancets* at the London Inn, we proceeded to a late start with the Bombadingoes, where the 7–0 scoreline meant that the amorphous megalipoma graced with the title "goalie" had let in twelve in one day. He celebrated with twelve pints in the Ship where several new melodies were added to the songbook. Sherpa preferred talking to young physios who were afterwards treated to "preview time" as Mr. Tressider demonstrated certain aspects of obstetric practice in the street. After crossing the railway bridge, impeded *in this for the first time in history,* we indulged in the time-honoured sports of courting-couple baiting and automotive bullfighting. Mr. Rose headbutted a park bench whilst hedge-jumping and knocked off at least ten neurones so cutting his mental potential by 50%. For the majority it was a long walk from closed doors to closed doors and an early night, but for the few an opportunity to test the hospitality of the Geriatrics to the utmost.

On Saturday morning the 13–1 scoreline against Stags was quite extraordinary – *extraordinary, that is, for the one goal* scored by the Welsh Fool. Lunch was taken, or rather lunchtime was spent, in the Newton Abbot Cider Bar which may explain the 7–1 scoreline against the Avengers (Johnston the scorer). This brought the number of goals conceded by "The Fattest Man in Guy's" *(Untrue – Ed.)* to 32; *"Save the Whale"* was out of fashion all of a sudden, and Mr. Powlson spent the rest of the tour off the pitch.

The pilgrimage to the V. and A. was undertaken again, where the Ugly Man delivered a fine despatch on the Falklands and "His Holiness" repeated the Sydney

Miracle Mile commentary; how can Hondo Grattan still win, he must be all of fifteen years old now. On the trip home, Mr. Evans showed his affection for a married Welshman, Mr. Taylor suffered atrocities of an unspeakable nature, and Mr. Jackson demanded an I.V.P. to determine the cause of his apparent uroepithelial atrophy.

After reading the Sunday papers, a privilege denied to the captain on hygiene grounds, it was on to the Waterman's Arms which was bathed in sunshine. After a few warm up grogs the operation to retake the Islands began from our forward positions we created a hundred yard total exclusion zone by treating (???!) the assembled grockles to an idiots' talent show. The sweet pickle on Twomey's Car trick, the Ted Rose Fruit Machine, the warrior dance and a small excerpt from an ethnic West-End musical, as well as the usual songs. Later, Mr. Jackson displayed his skills as an air ace by shooting down Gasoline Ali in difficult conditions over Torbay. The rough cider spurred us on to a mere 5–0 defeat against the Old Gobblers who were, unfortunately, sober to a man.

Sunday night, becoming now the highlight of the tour, was again spent in "The Pub where they like us". A good hundred pounds worth of beer was borrowed on a *short-term loan from Whitbreads*. Several initiations were made, with a fine rendering of *Also Sprach Zarathustra* from Mr. Tunnadine and, appropriately, *Suicide is Painless*, from Mr. Powlson. Sherpa, who prefers talking about his drinking exploits to the real thing, succumbed to his third and fell pole-axed to the floor where he started a trend and the Spiros had to leave after four more had joined him there. A certain member found some novel uses for *"les lettres"* and later this extremely belligerent, porcine dwarf attacked Mr. Atherton so

And here they are – 35 man years at Paignton between them.

Back Row left to right: *Bob Taylor, Thug Scriven, Phil Atherton, Liam Broughton, Harri Williams, Alex Williams (relation), Mike Evans, Hamish Gillespie, Ted Rose, Roy Jackson.*

Front Row: *Ian Phipp, Andy Lawson, Ed Rytina, Andy Tressider, Jules Hart, Charlie Tunnadine, Mark Powlson.*

And lying down making a fool of himself our captain *Seb Johnston.*

viciously that the Welsh fool had to make an impassioned plea in his defence, which nobody understood. Stumpy's five fingered spread was reportedly heralded by a demand for "bucket" – but in the event the conversation with the great white telephone was both noisy and prolonged. Thirteen more Spiros made telephone calls that night, which may have been a reflection on the visit, earlier, to the purveyor of hot foodstuffs in the High Street, where very little food was consumed as most members spent their time paying homage to Mecca on the pavement outside, led by the Captain. The evening finished with a display of talents à la Vidal Sasson by the captain on Mr. Ribena.

On Monday morning we prepared for our last match against Cleevehillians by holding down a cooked breakfast. That was the first mistake; the second was in scoring a goal against the said opposition (thank you Evans). We won. For the *first* time in *eleven* years at Paignton we won a match: how could it have happened? Well, there were two reasons; firstly Evan's goal; second Tunnadine's brilliant goalkeeping and thirdly Sherpa's decerebrate umpiring. So ended the illusion that Spiros cannot win: those days are over, but out of the ashes of the old Spiros rises a phoenix – the 82nd Trichomonads, a team of newly qualified gentlemen, who shall annually journey to Paignton to uphold the finest traditions of Spiros hockey.

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Miss C. S. Owen
S. Owen
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C. D. Pidgeon
S. Portman-Lewis
A. E. Ribbons
Miss A. Saksena
Miss E. A. Selley
Miss S. R. Townsend
Miss A. D. van den Berg
Miss J. Yeung Shun wing

2nd Examination in Dental Surgery, Part A

A. P. Harris
Miss S. Kabra

Third (BDS) Examination in Dental Surgery, Part I

B. S. H. Al-Naher
Z. S. H. Al-Naher
E. Baran
S. Barter
Miss A. M. Boreham
S. A. Brookes
Miss A. S. Bullock
Miss A. D. Burgess
D. J. Burnham
Miss S. J. Chapman
R. O. Coleman
Miss S. K. Colville
P. Cornish
Miss M. Costello
M. Dewji
J. A. S. Dickson
R. W. Docker
Miss E. M. Dodd
Miss B. Doubleday
Miss C. J. Duke
R. A. Dyer
D. V. Flanagan
J. C. Fleming
J. D. Frewer
N. J. R. Gibb
S. M. C. Gould
K. B. Hall
S. Handa
J. P. Hopkins
K. N. Hussain
Miss G. F. Jean
B. R. Jenkins
Miss V. A. D. Jullien
B. M. Kelly
J. M. King
J. D. Laishley
G. J. Lauer
T. W. Lloyd
C. McGrath
Miss A. H. Maciag
I. M. Marshall
P. B. Martin
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Miss A. V. Taylor
Miss S. Waddell
Miss V. S. Ward
A. J. Whitehouse
J. R. Willis
B. Wolland
Miss C. H. S. Wong
C. T. Yap
Miss S. Y. Young

Third (BDS) Examination in Dental Surgery, Part II

S. G. Ambridge
Miss A. Barton
C. Buchan
Miss J. A. Evans
A. J. Gibbons
Miss M. A. Grill
Miss A. B. Gordon
P. G. T. Haggqvist
W. J. A. Harty
Miss A. M. O. Helgeson
P. S. Henderson
K. V. Jacques
S. T. Kakkad
Miss J. A. Keska
J. S. Kettle
Miss K. V. Lawson
W. K. Li
J. Ma
D. P. McGuckin
I. P. F. McLean
Miss F. R. Padhani
Miss V. J. Reese
Miss P. A. Riseley-Prichard
C. R. Selmon
P. A. Weeks

Third (BDS) Examination in Dental Surgery, Part III

Miss P. K. Buttoo
M. P. Dunkin
Miss J. A. Keska
Miss F. R. Padhani
Miss K. Patel
P.A. Weeks

BIRTHS

AYRES: To Susan and Jon 25.8.82, a daughter, Katherine Louise.

MARRIAGE

STOCK-WILLIAMS, Peter and Ann were married on 15th May in Brighton. Present address is 14, Rayfield Close, Barnston, Great Dunmow, Essex.

SHARP-ROGERS. The marriage of Dr. Deborah June Sharp to Mr. David Owen Rogers took place at Bramley, Surrey on August 21st 1982.

EVANS-GRAY. The marriage between Mr. Philip Evans and Miss Vivienne Gray took palce at Rhiwbina *Baptist Church, Rhiwbina, Cardiff, on the 21st August* 1982.

CHANGE OF ADDRESS

YETTON—Dr. W. R. and Mrs. Jenny Yetton, 49, The Droveway, Hove, East Sussex, BN3 6PR. Tel.: 505714.

WEBB—Rev. E. R., 3 Wood Street, Woburn Sands, Milton Keynes, MK17.

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FOR SALE: One sunhouse 2kw convector heater bought 1977. £30.00. One Hoover fan heater 2000, 6 years old. £10.00. Please apply to Staff Nurse Sally Smith, Naamen Ward, Guy's Hospital.

RELIABLE fast typing service: essays, reports, theses etc. Contact Jane Wollaston. Work: 01628 4761. Home: 01 735 2886. Price negotiable.

Dr. SHASHIDHARA from Bangalore, India wishes to inform his colleagues that he is presently acting as an observer under Profesor Tulley, Department of Orthodontics, Guy's Dental School.

Guy's Hospital Gazette

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PHYSIOTHERAPY CORRESPONDENT RONALD COOPER
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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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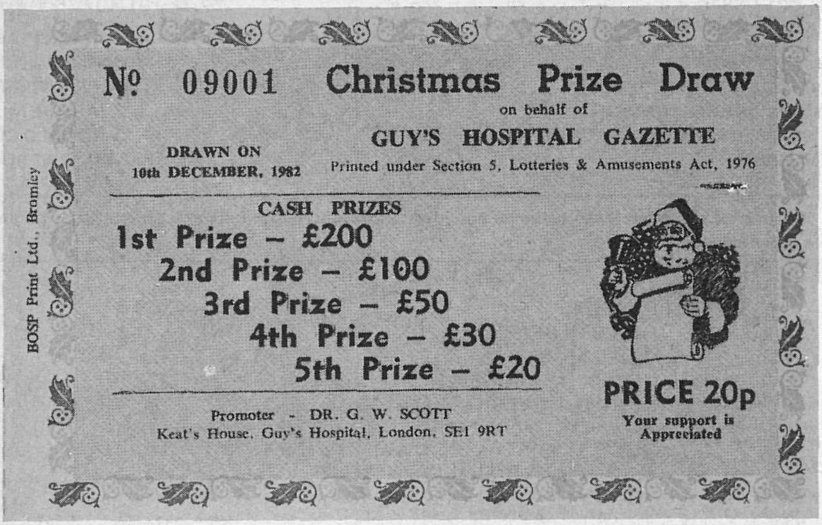
Guy's Gazette Christmas Raffle



Nº 09001 **Christmas Prize Draw**

on behalf of

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Passim

No Physics in Physic?

Following a long and contentious battle over the destiny of the Medical School Department of Physics, it has become clear that the School's policy of dismantling the department is likely to prevail. It appears that the maintenance of *"a nucleus of academic physics"*, which the School Council recommended in July, 1981, is to be constituted by a single member of the existing academic staff. The School has proposed that the four other members of the academic staff be made involuntarily redundant, as from September, 1983. Prior to the delivery of formal dismissal notices to these four lecturers, the matter is to be brought before the Academic Board.

Clearly, the unprecedented step of dismissing four members of the teaching staff has been attended by considerable discussion and negotiation, both for the sake of retaining a larger academic physics unit and of the individuals concerned. The School's motivation for dismantling the department on financial grounds is, however, clouded by a number of other factors.

Firstly, a joint teaching programme between the departments of physics at Queen Elizabeth College and Guy's Medical School was aborted, after being run for one year, following a high-level directive. This programme, *which had endured a long and carefully planned gestation, attracted financial* subsidy from Queen Elizabeth College; the course is now being run to the advantage of the department of physics at the Middlesex Hospital Medical School.

Secondly, the *rationale* of excluding the teaching of medical physics from the pre-clinical curriculum is controversial and seemingly inappropriate. Few can be oblivious to the remarkable contribution that physics has made to medical science – the X-ray crystallographic elucidation of the D.N.A. molecule, and the development of computerised axial tomography being two of the most prominent examples. Is it really desirable that, while the practice of medicine is becoming increasingly dependent on physical means of diagnosis and treatment, our students should remain totally ignorant of the physics of radio-isotopes, or the basic function and application of computers to medical science? Thankfully, Guy's is never likely to relinquish its ability to *culture the art of medicine within its students, but we must be wary lest we* divest those same students of the thirst for scientific numeracy.

Clearly, while the Medical School is faced with the unenviable task of rationalising the academic pre-clinical departments, it is obvious that financial constraint is but one of several factors which have prevailed in the minds of our policy makers. The Guy's Hospital Medical School has maintained, hitherto, a leading rôle in the realms of progressive medical educa*tion, and, at a time when medical technology is becoming increasingly* sophisticated, the moves to emasculate the existing physics department must be viewed as a retrograde step.

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We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy date for next month is November 19th (Christmas Edition).

Copy may be sent to us at Mary Sheridan House, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers. When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).
Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

News in Brief

The Joseph Levy Chair in Paediatric Cardiology

We should like to express our heartiest congratulations to Professor Michael Tynan, who has been elected to the Joseph Levy Chair in Paediatric Cardiology. This new chair has been created through the generosity of the Joseph Levy Charitable Foundation and Professor Tynan is to be the first incumbent.

Dr. J. A. Vale

Congratulations are due to Allister Vale, who has recently been appointed Director of the West Midlands Poisons Unit and Consultant Physician to Dudley Road Hospital, Birmingham. Dr. Vale, who has enjoyed a long and distinguished career at Guy's, has gained an international reputation for his writings and research into toxicology. He is joint editor of the recently published book: *"Poisoning: Diagnosis and Treatment." (See p. 401).*

Gifts to the School

Together with a number of other benefactors, The Herbert E. Dunhill Trust has donated £75,000 towards the cost of a Fluorescent Activator Cell Sorter. Messrs. Heinz have added £15,000 to this sum to assist in purchasing this machine, which has been installed in the Paediatric Research Unit in Guy's Tower. This machine will provide a highly valued service to research workers throughout the School.

The Mrs. Beryl Mitchell Bequest

The late Mrs. Beryl Mitchell, a former patient of Dr. J. Meyer (Guy's 1949–1955), has bequeathed a sum of £50,000 to the School, to be used to assist mature students at Guy's to qualify as medical practitioners.

The Guy's Story

Dr. David Stafford-Clark, formerly Director of the York Clinic, and Dr. Susan Bruley, have accepted an invitation from the Special Trustees to document the history of Guy's from 1948 to the present day. Dr. Stafford-Clark and Dr. Bruley are anxious to interview anybody who is or has been associated with Guy's since 1948, should they wish to talk about their work and the changes which have occurred over the years. Please write a brief outline of the aspects of Guy's you may wish to communicate, and send it to: Dr. S. Bruley, Guy's History Project, c/o Miss V. Newing, The Counting House, Guy's Hospital. *(see also p. 383.)*

London Medical Group Symposium

A symposium, on the subject of *"Sex and Sex Ability"*, is to be held in Guy's Hospital Medical School on Thursday, November 18th at 5.45 p.m. The meeting will be chaired by Dr. R. K. Knight. *(?! – Eds.)*

The Lord Robens

The Lord Robens, Chairman of the Board of Governors, launched an eponymous coxless pair (convertible to a double scull) at Putney on Saturday, 16th October. A valuable addition to the Boat Club's armamentarium, it was then rowed up to Chiswick by A. J. Cameron and S. Shaheen.

LM
BC
THE LORD ROBENS

Butterfly Collection of Medical Importance

Following our announcement, in the *Gazette* of July 31st, 1982, of Professor Sir Cyril Clarke's gift of his butterfly collection to the Natural History Museum, Sir Cyril has written to us to recommend that anyone wishing to inspect the collection should contact him first – the collection is housed in the Entomology Section of the Museum, which is open to the public by appointment only. Sir Cyril has also generously offered to escort any interested party around the collection, after appropriate arrangement. Sir Cyril may be contacted by letter at: 43 Caldy Road, West Kirby, Wirral, Merseyside, L48 2HF.

The Sir Cosmo & Lady Mabel Bonsor Scholarship

This Scholarship, which is open to all Guy's Hospital Nurses' League members, is awarded in January each year. If you would like financial help towards a post-registration course or project, please write to the Honorary Secretary of the League explaining the nature of your project and giving as many details as possible as to the cost and expenses it will incur.

Applications must reach the Guy's Hospital Nurses' League Office, c/o Nursing Administration Office, Guy's Hospital, London, SE1 9RT, not later than 15th December, 1982.

Mr. J. C. Rowbotham, L.D.S., R.C.S.

May we extend our felicitations to Mr. Jack Rowbotham, who recently celebrated his 90th birthday. Mr. Rowbotham qualified at Guy's in 1924 and is still practising dentistry. Moreover, he does not intend to retire for at least a further five years!

Science Club Symposium

The Science Club's first symposium is to be held on Wednesday, November 17th, at 2.15 p.m., in the Harris Physiology Lecture Theatre.

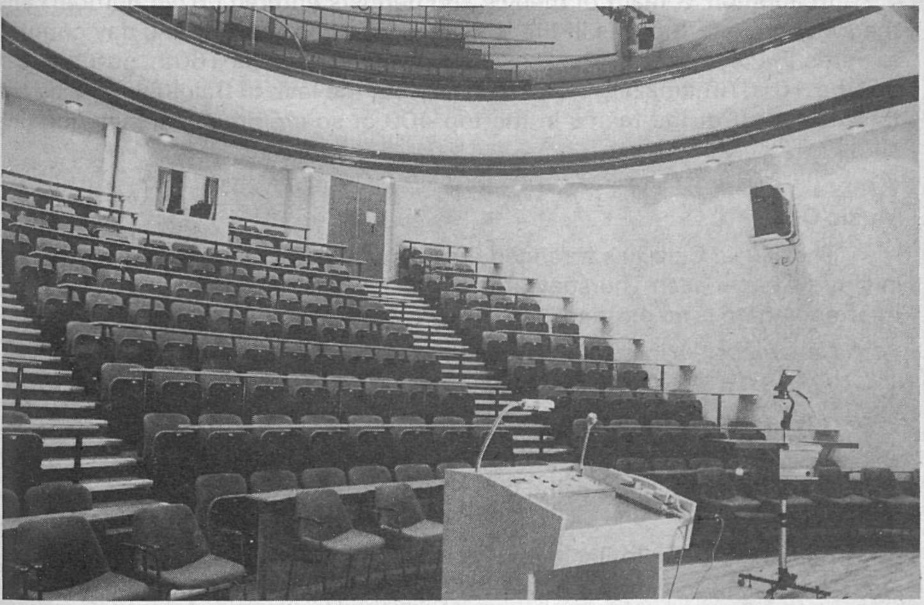
Professor Martin Berry, recently appointed to the Chair of Anatomy, is due to speak on: *"Growth and remodelling of neural networks in the brain"*; Dr. Roger Linden of the Physiology Department will give a talk on: *"The physiology of intra-oral mechanoreceptors"*, and Dr. Norman Gregson of the Anatomy Department will speak of: *"Some studies on brain gangliosides"*. All students and staff are most cordially invited.

Physiotherapists' Reunion

A reunion of "D" set physiotherapy students (1955–58) is being arranged in Spring, 1983. Would anyone interested please contact Mrs. Jean Renwick (Robertson), 1 Oaken Coppice, Ashtead, Surrey.

The Harris Physiology Lecture Theatre

The Philip and Pauline Harris Charitable Trust kindly gave the School £200,000, which allowed the much-needed refurbishment of the Physiology Lecture Theatre, shown below. Appropriately enough, the Inaugural Address in the Theatre was given by the Dean, Dr. J. C. Houston, in his inaugural speech to the new medical and dental students, on 4th October.



Dental Society

The Dental Society is holding the following meetings in the Tower Lecture Theatre at 5.15 p.m. Tea will be served at 4.45 p.m. in the foyer.

Monday, 1st November

Report on recent Student Electives.

Thursday, 4th November

Financing Practice.

For Students taking 3rd BDS part V, in November 1982 and June 1983.

Monday, 15th November

Some Consequences of Sexual Freedom, by Dr. R. D. Catteral, F.R.C.P.E., F.R.C.P.

2nd-3rd December

Gateway to Practice.

A series of lectures and discussions for Students taking 3rd BDS part V in November, 1982, and June, 1983.

Sunday Times Fun Run

Trained and led by third year student Wendy Grant, who competed in both the Montreal and Moscow Olympics, three teams from the School of Physiotherapy took part in the 2½ mile run in Hyde Park on September 26th. Entered under the brand-name *"Ronald's Runners"* they were placed 225th, 491st and 985th out of the 1,560 teams which entered and expect to have raised about £500 in sponsorship money. This will go to the Physiotherapy Charity Ball Committee's choices, the Stoke Mandeville Spinal Unit Appeal and Action Research for the Crippled Child.

In addition, a team of medics and dentists entered (10 in number) and the six best performances in the individual races held during the day counted towards the team result. The *Guy's Grouse Beaters* came 160th, putting us in the top 10%. An amazing result, considering the lack of training and also the fact that most of the teams in the top 400 or so are proper running/jogging clubs.

Music Club

The Music Club has arranged a series of lunchtime concerts, to be held in Guy's Chapel each Thursday at 1.15 p.m. Everyone is warmly encouraged to attend; there is no entrance fee.

4th November	Violin Recital by Robert Bilson. Works by Beethoven and Brahms.
11th November	The Hosford/Truelove/Gutman Trio. Brahms' Clarinet trio.
18th November	Piano Recital by Tanya Isaacson. Works by Bach, Chopin and Debussy.
25th November	Cello Recital by Heather Bills. Works by Bach, Schumann and Fauré.

In addition, the music club will perform works by Beethoven, Handel, Mozart, Holst and Parry at the annual Christmas concert in Southwark Cathedral, on 6th December. Everyone is very welcome to come and take part. The conductor for this concert will be Tolga Kasif, who is a pupil of Christopher Adey at the Royal College of Music.

Later this term, a combined concert has been arranged with the Music Club of St. Thomas's Hospital. The concert will take place in the chapel at St. Thomas's on Wednesday, 24th November. Works by Walton, Haydn, Mozart and Seiber will be performed. All those interested in participating in either of these concerts should contact Juliet Goff, via Boland House.

This month's cover

This month's cover, from the *Daily Mail* of March 13th 1920, was kindly sent in by Mrs. A. P. Maguire (formerly Sister Smythe). Guy's, under the captaincy of W. D. Doherty beat St. Bartholomew's by 6 points to nil, in the presence of King George V.

Rugby Club First Fifteen Fixtures

Date		*Time*	*Opponents*	*Venue*
September	11	3.00 p.m.	Blackheath	H.O.P.
	18	3.00 p.m.	Nuneaton	H.O.P.
	25	3.00 p.m.	Askeans	Kidbrooke
October	2	3.00 p.m.	U.S. Portsmouth	H.O.P.
(Sunday)	10	3.00 p.m.	International Medical XV v Public School Wanderers	H.O.P.
	16	3.00 p.m.	O. Dunstonians	Beckenham
(Sunday)	17	3.00 p.m.	1st Round Surrey Cup	
	17	3.00 p.m.	U.H. Sevens	H.O.P.
	23	3.00 p.m.	Cinderford	H.O.P.
	30	2.45 p.m.	Purley	Purley
November	6	2.45 p.m.	Ipswich	Ipswich
	13	2.45 p.m.	Osterley	H.O.P.
	20	2.45 p.m.	O.M.T.	Croxley Green
	27	2.30 p.m.	Mountain Ash	Mountain Ash
December	4	2.30 p.m.	O. Cranleighans	H.O.P.
	11	2.30 p.m.	O. Millhillians	Headstone Lane
	18	2.30 p.m.	Esher	Hersham
1983				
January	8	2.30 p.m.	Sidcup	H.O.P.
	15	10.30 a.m.	Streatham and Croydon	Streatham
	22	2.30 p.m.	Cheltenham	Cheltenham
	29	2.30 p.m.	Havant	H.O.P.
February	5	2.45 p.m.	Coventry Ex 1st XV	Coventry
	12	2.45 p.m.	Guildford and Godalming	H.O.P.
	19	10.30 a.m.	Bromley	Bromley
(Sunday)	20	2.45 p.m.	Past v Present	H.O.P.
	26	2.45 p.m.	Taunton	Taunton
March	5	10.30 a.m.	O. Alleynians	Dulwich
	12	3.00 p.m.	*Loughborough Students*	H.O.P.
	19	11.00 a.m.	Newbury	H.O.P.
	26	3.00 p.m.	Cambridge	H.O.P.
April	2		TOUR	
	9	3.00 p.m.	O. Whitgiftians	Croydon

The Catholic Society

The following meetings are scheduled to take place at 5.35 p.m., in the Reading Room, on the first floor of Boland House:

Thursday, November 11th – *'Can a Christian be in the Health Service"* – a talk by a Catholic doctor.

Friday, November 19th – Amnesty International – a talk by Dr. Elizabeth Gordon.

Thursday, November 25th – *"The joy of Christmas"* – a talk by Fr. Thwaites, a Jesuit.

DATES FROM THE MEDICAL DIARY

November

Mon. 15—Examinations for the M.B. B.S. begin.
—Entries for the Final Conjoint Examination in December.

Mon. 22—Examinations for the M.B. B.Chir. (Cambridge) may begin.

DATES FROM THE DENTAL DIARY

November

Mon. 15—Third B.D.S. Examination, parts I, II, III, IV and V begins.

Mon. 29—N.B. Second B.D.S. Examination may begin this week.

Obituary

Lester Williams Kay

Lester Kay, who was born on 18th May, 1921, died on the 3rd June, 1982, having been forced into premature retirement by illness some years before. He entered Guy's in 1946 after demobilization and was on the first post-war Combined (Medical/Dental) Course. He qualified at Guy's with L.D.S. in 1952 and M.R.C.S., L.R.C.P. in 1955 and subsequently gained the F.D.S., R.C.S. in 1959 and M.D.S. (with a thesis on pericoronitis) in 1965.

He remained very fond of Guy's and of the "Borough" and was disappointed by the depopulation of the area. One of his abiding pleasures was to come to Guy's as an examiner. From 1962, till his retirement in October 1980, he was Senior Lecturer, then Reader (1968) in Oral Surgery at the Institute of Dental Surgery and Honorary Consultant to the Eastman Dental Hospital.

Following house jobs, he returned to Guy's as Registrar in conservation and then dental casualty and subsequently moved to the Eastman as a Registrar in Oral Surgery, leaving to become a lecturer in Newcastle, under Professor G. L. Howe, from 1959-1962. He returned to the Eastman from Newcastle with a distinguished academic record and an outstanding reputation as a clinical teacher. He worked like a beaver and, in spite of heavy regular clinical commitments, which were never shirked, a torrent of books and papers poured from his pen. Some books he wrote in collaboration with Professor Killey, who produced the ideas and general format, but Lester converted sketchy outlines into full-blown books which were lucid, with meticulous attention to detail, but always down to brass tacks. These books covered the whole range of oral surgery.

Deadlines were no problem to someone who had started life as a journalist: although dentistry, and in particular oral surgery, borrowed him for three decades, he was at heart a journalist. How fortunate for us that he did join the medical profession, and especially for generations of students who have cause to be grateful to him for clarification and erudition gleaned from his books. He was also, from October 1968 to July 1973, editor of the *British Journal of Oral Surgery* and a member of the editorial board of the *International Journal of Oral Surgery*, from 1972.

After his pioneering work on pericoronitis, which led to his M.D.S., Lester undertook the examination of the collection of skulls in the Duckworth Laboratory of Physical Anthropology of the University of Cambridge and a series of papers came from that work. Work with Professor Killey and Dr. H. C. Wright led to the formation of the concept of subperiostial osteomyelitis, which was published in 1970. He also carried out experimental work on nerve section, at the Royal Free Medical School.

Lester Kay was a great patriot; having served in the War from 1941-1946 as a navigator, he later expressed his love for his country in dedicated service. As a proud Lancastrian, a native of Leigh, he followed rugby avidly, in particular his home team, and never missed a Rugby League cup final at Wembley. He had a sense of humour with a feeling for phrase and wit which made him a charming companion.

Lester was a "character", an individualist, who was dealt cruel blows by fate – the Chair to which he aspired, which he richly deserved and had abundantly earned, slipped away after being tantalizingly close on several occasions – then his illness closed around him.

He was also a family man who cherished privacy and our deepest sympathy goes out to Jill and their children Timmy, Penny and Anthony.

R. H.

Clubs' Union News

I'll wager that none of the students contemporary to the new Guy's intake had such a varied and entertaining Freshers' Week as was put on by the Clubs' Union team.

Sarah Wollaston had put together some marvellous events and, with the combined effort of all the Officers, the week went exceptionally well. After the usual introductions and Freshers' Tea (with *real* cake), the Freshers signed up for everything at the Freshers' Fair. This was followed by the annual organised riot in the Ballroom with Mike Barraclough and friends, the traditional kick-off to the Freshers' Week.

The Christian Union put on a Charity Lunch in the lunch hour of Tuesday; Jonathan Fletcher provided the very substantial food for thought.

Nat.West. sponsored their usual cheese and wine in the evening, which, by all accounts, was a great success. Many freshers, it seems, followed this event by going to the Inflam. Nothing like it for enzyme induction; (*or for creating future Union officers . . . Eds.)*. Because of an impending International Match, the Wednesday evening function down at H.O.P. was cancelled and a Cocktail Jazz Evening put in its place with extreme *panache* by Sarah Wollaston. The *Rae Pope Jazz Duo* entertained a packed cocktail sipping Ballroom, with songs from long, long ago. *Plasma* was also on tap, providing the more modern elixir.

Thursday night offered a number of varying functions, such as the Dental Society meeting, London Medical Group seminar and a pub crawl. The pub crawl leader has not mentioned how many people went on the crawl this year, so I suspect it was more than the single companion he went round with in 1981.

The Freshers' Ball, complete with fetish theme, brought out the kinkiest in a lot of people. The Ballroom was again packed to the doors and enjoyed *Plasma Roadshow* under the plasticated control of Chris Birtwhistle, a group called *Furniture* (despite the P.A. problems) and a limbo dancer called Della who ran a competition to see who could limbo the best in Guy's – and, by the skin of his teeth, Gavin Shannon made it. Most of the bottle of champagne he won for his contortions was shared evenly amongst the 50 or 60 people within his immediate vicinity.

I have a lot of thankyous to say: firstly, thanks to all the Union members who toiled down at H.O.P. for the Rugby Match during the week before. It was marvellous to see such an amount of help down at the ground when it was needed. A particular note of thanks to those who went down in the rain on Monday afternoon to help dismantle the mobile stand. My thanks also to all the people who generally helped make Freshers' Week such a success – tour guides, bar staff and so on. Finally thanks to Andy Jones, John Edwards, Simon Ward and Sarah Wollaston for doing an excellent job during Freshers' Week.

Clubs' Union Election

Congratulations to Simon Ward, who was elected Vice-President (medical), on 14th October. He will be continuing to help run the Union Shop and will now start to familiarise himself with the student scene outside Guy's. He will also be deputising for me, whilst I struggle with finals and go away on elective over the Christmas and New Year period.

Despite what was said in the Revue on the Friday after Freshers' Week, there is a lot on at Guy's this term. Watch the noticeboards for details. The big event of the term is, of course,the Snowflake Ball. If you want to get involved with this, please see Sarah Wollaston, social secretary.

Finally, the pedestal that disappeared from under one of the distinguished gentlemen in the foyer of the medical school has rematerialised. I must say I didn't spot anyone with it at the Fetish Ball.

Lawrence Maule

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For further details please contact Major General (Retd) R. N. Evans CB, FFARCS, DTM & H, Dept XXX, Royal Army Medical College, Millbank, London SW1 4RJ. Telephone: 01-834 9060, extension 210.

He'll send you our brochure, 'Doctor in the Army,' and arrange an interview.

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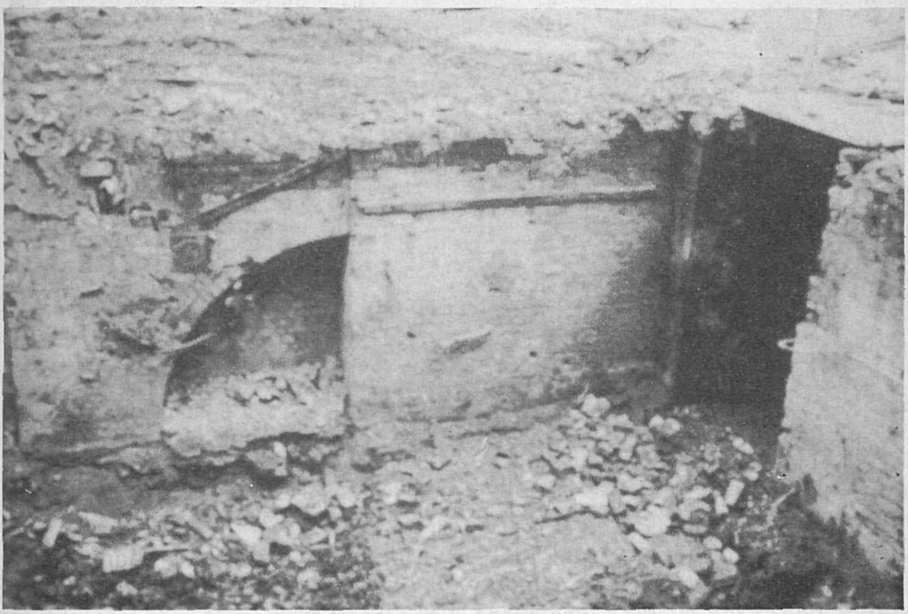
Dental Notes

by **A. D. Robinson**

A missed opportunity?

Demolition of the old dental school building has reached an advanced stage: so advanced as to reveal a quite large basement area which, by my estimate, must have been below the floors from the front door and entrance hall to the A.D.O.'s office. Was this ever used? If so, I was unaware of it. If not, why not? Looking at it now, open to the sky, we see the lower end of a chimney. Was there once a heating boiler there? This basement would have been largely without daylight, though I seem to remember that there were window lights at the front of the building. Even so, with all the pressures for additional space which were observed over many years, I am surprised no one ever "developed" it.



Old Dental School – view of the basement – October 1982

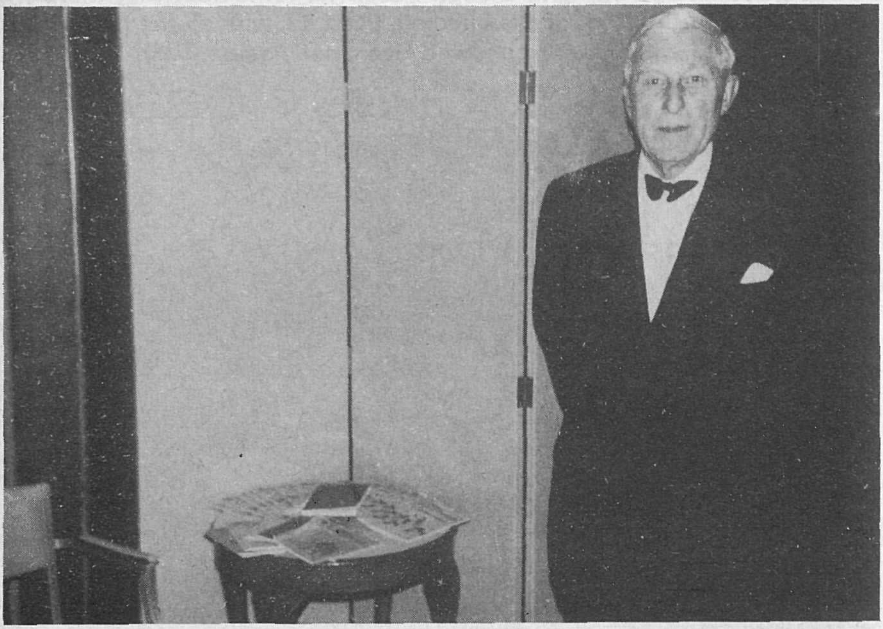
There is another question which comes to mind. It appears that in one corner there had, at some time, been a door which, I would guess, might have led into the underground passage. In all the years I knew the old dental school, we had to make a dash through the rain to get to one of the entrances of the covered way, yet here, seemingly was a direct access from the dental building. Do my suspicions have a *foundation* of truth? Someone may know the answers. . . .

Guy's Hospital Biennial Dinner 1982

by Our Special Correspondent

The Guy's Hospital Biennial Dinner was held in the Grand Hall, Connaught Rooms, Great Queen Street on Friday, 1st October. The Chairman was Dr. William N. Mann, M.D., F.R.C.P., consulting physician *emeritus* to the Hospital, who was introduced by Mr. R. J. Cann. Mr. M. R. L. Joyce was Honorary Secretary, for the second time.

The following toasts were submitted: Her Majesty the Queen; Guy's Hospital and Schools; the Chairman.



Dr. W. N. Mann, Chairman of the 1982 Biennial Dinner

In the time-honoured tradition, Dr. Mann refrained from embarking on a long speech, but his brief remarks were received with much approval. The remainder of the evening was spent in the usual fashion. It was good to see so many familiar faces – although one got the impression that the overall attendance was slightly lower than in previous years. Those present were:–

Adams, J. F. R.
Adams, S. P. R.
Akle, C.
Allen, N. H.
Allen, T.
Archer, C.
Attale, J. E.
Aumonier, F. J.

Bailey, R. I.
Baker, D.
Baker, I.
Barrie, F. M. N.
Barrie, M.
Barrie, N. J.
Beale, J.
Bevan-Jones, B.
Birch, P. S. J.
Birts, R. J.
Bishop, N. L.
Bosch, E. V. P.
Boulter, P.
Bowen-Perkins, H.
Boyle, H. B.
Bradley, G. H. G.
Bray, E.
Bridger, J. E.
Brient, M. J.
Briggs, I. M.
Brown, S.
Browne, E. W. H.
Brummit, J. M.
Burns, T. H. S.
Butcher, A. S. F.

Callum, W. D.
Cann, R. J.
Carnegie, D. M.
Carroll, J. D.
Chater, E. J. N.
Chantler, C.
Clarke, T. A. P.
Clemmey, A. V.
Cohen, S. M.
Cole, D. J.
Collier, H. N.
Collins, J.
Cosin, C. F.
Cox, J. A.
Cox, R. A. F.
Crabtree, J. W. A.

Cronshaw, M. A.
Crozier, W.

Davies, M. E.
Davies, W. F. T.
Davis, S.
Dawson, J.
Deacon, R. J.
Dick, G.
Dick, J. A.
Dobson, W. F.
Dowling, R. H.
Downe, G. R.
Drew, A. J.
Duke, O.
Dunham, W. F.
Dunham, W. R.
Dussek, J. E.

Earl, H.
Edgar, A.
Elliott, C.
Elliott, D. R.
Elven, R. T.
Emery, P.
English, T. A. H.
Erskine, D.
Evans, D. K.

Feaver, R. E.
Ferrier, V.
Fitzgerald-Frazer, J. S.
Frank, P.
Freeland, A. P.
Freeman, H.

Gain, R. G. G.
Gain, R. T. G.
Gaind, R.
Gilbert, A.
Gilford, H. J.
Good, C. S.
Goodhart, Sir Robert
Govan, C. F. M.
Govan, J. A. A.
Grasby, E. D. Y.
Grimble, I. T.
Guerrier, H. P.
Guerrier, T. H.

Haggar, C. I.
Hamilton, J. G.
Handler, C. E.
Harvey, V. J.
Hayward, P. W.
Heald, R. J.
Henderson, F.
Henderson, I. D.
Henry, A. N.
Henry, S. J.
Hett, D.
Heylen, J. C. M.
Hill, R. D.
Hillard, K. A.
Hills, T. H.
Hinds, S. W.
Hirsch, P.
Holden, A.
Holden, C.
Hopkins, P.
Horton, J.
Houghton, M. E.
Houston, J. C.
Howard, M.
Huddy, E. C. H.
Huins, T. J.
Hudson-Evans, M. L.

Irvine, H. S.

Jackson, R. F.
James, J. D.
James, P. N. E.
Janikoun, S.
Jeanes, A. L.
Johns, A.
Johns, R.
Johnston, S.
Joiner, C. L.
Jones, D. J.
Jones, T. J.
Jourdan, M. H.
Joyce, M. R. L.

Kapff, P. D.
Kapff, P. E.
Karani, J. B.
Keates, J. R. W.
Kelly, K.
Kilpatrick, F. R.
Kilpatrick, S. M.
Kinder, C. H.
Kinder, R. B.
Knight, A. C.
Knight, R. K.
Kynaston, R. U. F.

Lambden, P.
Lansdown, P. F. P.
Latham, J. M.
Lessof, M. H.
Lewis, T. L. T.
Lloyd Roe, C. A.

Mackay, R. H.
Mackenzie, C. I.
Mackenzie, C. P.
Maclean, K. S.
Macrae-Gibson, N. K.
Maisey, I.
Maisey, M.
Mann, A. C. M.
Mann, W.
Mansie, J. W.
Masser, M. R.
Mathews, P. Z.
Maxwell-Stevens, P. M.
McCarthy, J. J.
McColl, I.
McColl, J.
McGill, I. G.
McGuire, E. J.
McLauchlan, A. E.
McLaughlin, C. A. J.
Middleditch, D. M.
Milner, S. M.
Montgomery, P.
Moore, R.
Moore, W. P. N.
Moss, S.
Moss, M.
Mullally, S. M.
Murray, B. R. P.
Murray, M. D.

Newton, E. M.
Nicholas, J. D. R.
Nicholson, K. G.
Nielsen, M. S.
Notley, R. G.

O'Connell, S.
O'Gorman, P.
Older, J.
Orme-Smith, D.
Orme-Smith, E. A.
Owen, A. M.
Owen, G. T.
Owen, W. J.

Pagliero, K. M.
Pain, J.
Palmer, M. S. M.
Parker, R. J.
Peace, P. K.
Penny, R.
Phillips, D. C.
Pitts, T. B.
Plowman, R. D.
Powell-Jackson, J. D.
Powlson, M.
Price, T. M. L.
Pringle, M. A. L.
Procter, A.

Quinnell, R. C.

Rawlings, K. O.
Rayner, G. R. C.
Reekie, I.
Reeve, H. S.
Reynolds, J. H.
Rhodes, D. J.
Richards, A. B.
Richards, D. J.
Ripman, H. A.
Robinson, B. H. B.
Robinson, K. F.
Rockall, L. J.
Ross, G. C.
Rowland, C. J.
Rowlandson, R.
Rudge, C.

Saunders, D. R. S.
Scantleburty, W. K.
Schurr, P. H.
Schweitzer, F. A. W.
Scorey, J.
Scott, G. W.
Scott, I. K. H.
Scott, N.
Scott, S.
Scourfield, A. J.
Sharp, H.
Shelley, D. F.
Silver, P. S.
Simpson, I. D.
Skinner, P. V.
Smalley, D.
Sneary, M. A. B.
Staples, S. A.
Starke, I. D.
Stewart, K. R.
St. John-Collier, D. G.
Stoll, L. J.
Stoneham, J. R.
Strong, S. V.
Sturdy, D. E.
Sycamore, E. McK.

Thorne, M. G.
Tighe, S. Q. M.
Tong, D.
Treadwell, W. T.
Tulley, W. J.
Turley, S. J.
Twomey, J.

Vadazz, I.
Varma, A.
Vine, R. S.
Vulliamy, D. G.

Wagner, P.
Walker, M.
Walker, T. K.
Wallace, L. J.
Wass, J. A. H.
Wass, V.
Watson, D. C. T.
Way, B. J.
Wengraf, C.
Wheeler, J. G.
Wiggins, W. J.
Wilkins, D. C.
Williams, C.
Williams, I. D. C.
Williams, J. D.
Wotton, G. R.
Wright, D.

Zilkha, K. J.

The Guy's Story: 1948-1982

by Sue Bruley

The history of Guy's Hospital is well documented. Both Bettany and Wilks (*A Biographical History of Guy's Hospital*) and Cameron (*Mr. Guy's Hospital*), are scholarly works, which record in depth the development of the Hospital from its foundation in 1726. Bettany and Wilks, although published in 1892, has much to offer the modern teacher. Hector Cameron, Assistant Physician to the Hospital (1911-1945), and sometime Dean of the Medical

School, records in masterly detail events and key personalities up to 1948. A more lightweight version of the Hospital's history is provided by a volume of essays (*Guy's Hospital: 1725-1948*), edited by Hujohn A. Ripman, a former editor of the *Guy's Hospital Gazette*. It is significant that none of these go beyond 1948. As yet, the exciting developments of the post-war period go unrecorded.

With luck, this will not remain the case for very much longer. The Guy's History Project, which is being funded by the Special Trustees, has been given the important task of bringing the Guy's Story up to date. Dr. David Stafford-Clark, formerly Director of the York Clinic, has accepted the invitation of the Special Trustees to attempt this work. I am assisting him, as a modern historian trained at the London School of Economics. The task is enormous and it will be difficult to keep within the projected word limit of 60,000 words; the authors hope to also include as many illustrations as possible.

Physically, Guy's has changed a great deal. The building of New Guy's House and, of course, the Tower, has helped the Hospital to extend the range and depth of its work, and to preserve its place at the forefront of modern medicine. Guy's has remained a centre of excellence, and the Schools of Medicine, Dentistry and Nursing can take much of the credit for this. Striking advances have been made in many fields. Many aspects of surgery have been transformed; hand surgery by Clarkson, thoracic surgery by Brock, progress in renal medicine and the general applications of psychiatry are amongst the most important. Child psychiatry and paediatrics have been integrated and today Guy's is such a well known centre for child health that it cannot cope with all the requests for admissions.

We see our rôle as taking an objective view of events, and this means recording failures as well as successes. Regrettably, Guy's has little protection from the chilly winds of economic misfortune. The Rothschild Ward, for example, which looks after children with cardiac disorders prior to, and after surgery (patients of Dr. Joseph or Prof. Tynan), was recently closed for several months due to lack of funds; it has now re-opened. The authors cannot help but note the threat to standards which is being posed by the present economic situation. Similarly, it is intended to review the unionisation among ancillary workers, which has been a gradual process from the early 1960s, and the effect of this on industrial relations within the Hospital. Another field which must be tackled is the complex area of administration.

Research for the Guy's History project is based largely on archival material, but we are also doing a number of interviews. Indeed, we are relying on such interviews to make our project "come to life". Have you been at Guy's since 1948 or thereabouts? (We do not mean only doctors, but everybody who helps Guy's – Hospital or Medical School – to function.) Would you like to talk to us about your work and the changes which have occurred over the years? If so, please write a brief note outlining the sort of information which you think we might find useful, and send it to: Dr. S. Bruley, Guy's History Project, c/o Miss V. Newing, Counting House, Guy's Hospital.

The Stephen Duckworth International Rugby Festival

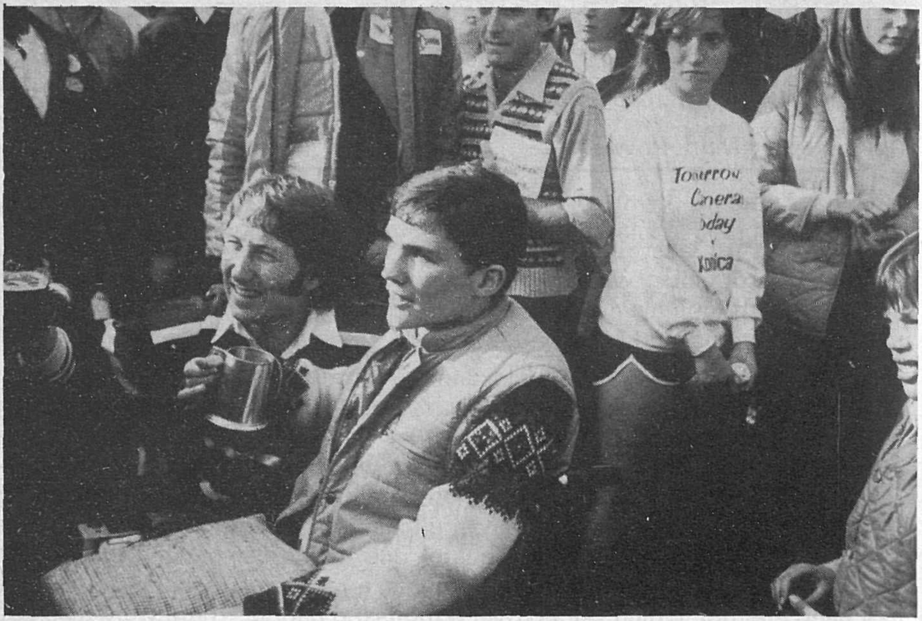
Reviewed by Mark Powlson

Despite uncertain forecasts, Sunday, 10th October, proved to be a fine autumn day – at least until 7 o'clock. The vast amounts of organisation and hours of hard work, which had been put in by so many people, were rewarded with a highly enjoyable and successful festival, which fully met up to all expectations, and exceeded most.

The gates opened at 11 o'clock in the morning, and it was evident from the first how much planning had been involved. The programme (collated by our Assistant Editor, Tim Houlding) was unusually comprehensive, the advance publicity was good, and the event was actually sign-posted; Honor Oak Park was in immaculate condition, and there was ample marshalling. Despite the previous few days' heavy rain, damage to the football and hockey pitches (and the second cricket square) due to the car-parking was within acceptable limits. To cope with the crowds, a temporary second grandstand had been erected, which seated over a thousand people. There were also two large beer and food tents near to the pavilion, a large exhibition tent (with more beer) and, at the far end of the ground, a Guinness tent complete with inflatable toucan.

The events proper kicked off with the Royal Marine Light Infantry Cadet Marching Band, followed by two simultaneous mini-rugby games. In the under-12's, Woodford beat Chipstead by 48 points to 0; while in the under 9's, Chipstead beat Old Beccehamians 12 points to 8. Some of the play was decidedly scrappy, due to nerves in front of such a crowd, but both games showed some skilful moments, and thanks must go to all three clubs for their support.

The RMLI Cadet Marching Band



Stephen and J.P.R. before the match

The Rugby Club of London Golden Oldies then played the Medical Golden Oldies, in a twenty-minute-a-side match. The announcer, somewhat unkindly, suggested that the qualifications for inclusion in John Davies' Medics team was an age of over 40, an appearance of over 40, or a waistline of over 40. Shortly afterwards, Dr. Challacombe was called up to play for the Medics, possibly regretting those words. A slightly scrappy game resulted in a 10–6 win for the Medics, but there were enough good moves on both sides to roll back the years and show the class that was there. (Both teams, however, seemed glad to hear the final whistle!) The Medics scored first through Martin Danford, and the try was converted by Dave Elliot. The Rugby Club of London replied through Robin Challis, converted by Tony Richards, but the Medics scored the decisive try through Peter Williams. Thanks to the Rugby Club of London and the participants, and to Johnnie Johnson, the referee.

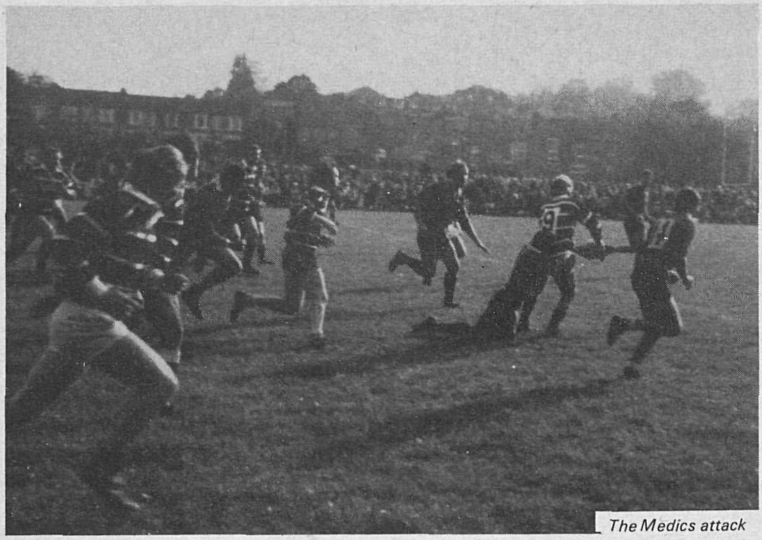
The field was then taken by the girls in two fifteen-minute matches, pitting Doran's Dollies against the Guy's Girls, and the Middlesex Hospital Physiotherapists against Guy's Hospital Physiotherapists *(Ron's Ruckers? – Eds.)*. Both matches were well-supported from the touchlines: the changing of jerseys after the second match was much appreciated by the male section of the audience. (See also p. 405.) Peter McGovern refereed.

The R.M.L.I. Cadet Marching Band again took to the field, followed by the International. Two superb sides gave a *bravura* display of running rugby, as evidenced by the eight tries scored by each side in a remarkable 40–40 draw. Stephen Challacombe, the organiser of the Medics XV, and Colonel

Good ball-handling by the girls

Public School Wanderers Kick off

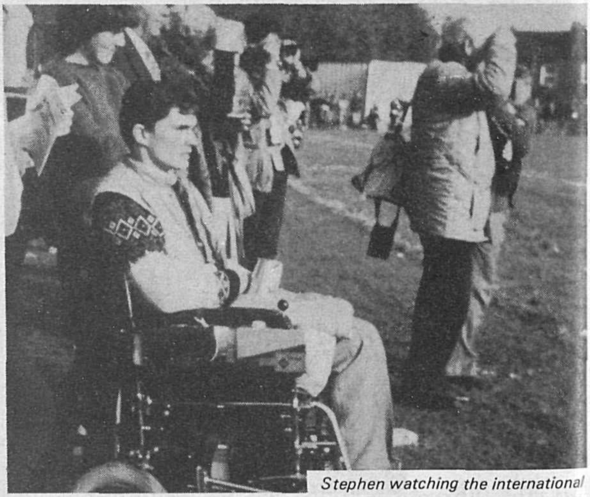
Gary Pearce converts for P.S.W.



The Medics attack

Ralph James, who organised the Public School Wanderers XV, produced two remarkable teams.

The first try was scored for P.S.W. by none other than our own prop, Gareth Parry: he obviously repented of this after about fifteen minutes, when he changed jerseys to join the International Medics. Not to be outdone, Brian Keevil – last year's Guy's captain, now playing for Blackheath – opened the scoring for International Medics. His try was converted from the touchline by Clive Meanwell, who also converted the next three IM tries from similarly difficult positions. Public School Wanderers were the early leaders, however: indeed, they led until the final try of the match. Their extra experience this season told in the first half as the Medics seemed rather rusty. Clive Rees was particularly impressive, fully deserving his nick-name of Billy the Whizz, and scored their third try in fine style. Gary Pearce also played well, with four fine conversions.

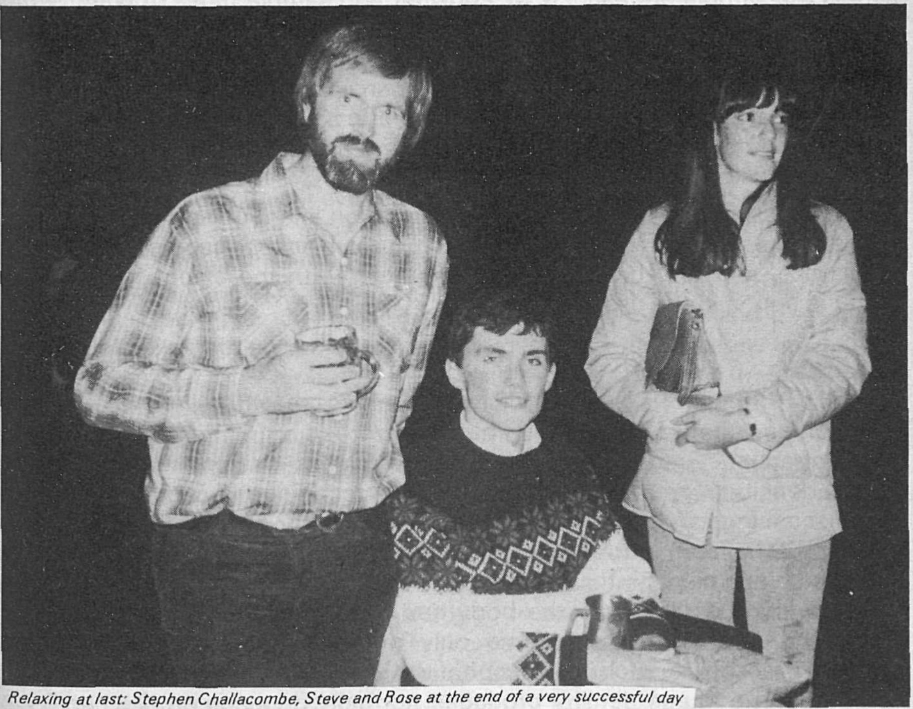


Stephen watching the international

The Medics gradually got into gear, helped by some good ball from the set piece: particularly in the line-out where Keevil's height was decisive after the departure of Alistair McHarg, in the first quarter. The Medics scrum was also graced by the great J.P.R. himself, at number 6 – somewhat out of his usual position, but still looking fit. The final score of 40–40 was a tribute to both sides, and was a fair result to a spectacular running match.

Over four thousand people were present over the course of the day, and, as one would expect, celebrations continued for some time. They became quite vocal, and I particularly recall fine choruses of *Mae hen wlad fy nhadau* and *Bread of Heaven*, led by John Davies and Chris Lewis.

A very enjoyable day, and a successful one too: as of writing, the precise sum raised is uncertain, but is in excess of £15,000. Special thanks are due to all the firms and individuals who helped, including the British Medical Association, the Medical Sickness Society, Fisons Pharmaceuticals (who sponsored the International Medics), Schweppes Ltd. (who sponsored Public School Wanderers), Halbro Sportswear and Hawkinsport, Arthur Guinness & Sons, and many, many others. Eric and Joyce Dann performed miracles to organise H.O.P. and to get it into such perfect condition. Tom Lewis has put in a lot of time as President of the Club and of the Appeal Fund, and especial mention must be made of Stephen Challacombe and Stephen Kennedy for their untiring efforts over the past months. Last, but most important, our congratulations to Steve Duckworth who, as the photographs show, bore up throughout a long and tiring day with the stamina and courage that we have come to expect of him.



Relaxing at last: Stephen Challacombe, Steve and Rose at the end of a very successful day

Nuclear Magnetic Resonance Imaging

by Anthony Clark

Introduction

The essential requirement for a nucleus to be suitable for study by nuclear magnetic resonance (NMR) is that it should have an odd nuclear magnetic moment. This means that the sum of the number of protons and neutrons in the nucleus should be an odd number, so the most important nucleus for imaging is H^1, but P^{31} and Na^{23} are also being studied. The techniques of NMR imaging have developed very rapidly in recent years, such that now whole body scans of proton density (mainly water), can be completed in a few minutes.

Principles

The observation of nuclear magnetic resonance requires a powerful magnetic field (to create the two spin states between which the spectroscopic transitions occur) and a transmitter and receiver in the radiofrequency (RF) range of the electromagnetic spectrum so, when resonance occurs, the absorption of the RF signal provides the conventional NMR spectrum. In this case, the homogeneity of the magnetic field is of paramount importance, so, for example, protons in different chemical environments can be resolved, but for NMR imaging, magnetic fields which vary across the sample are used. If we consider two sample tubes of water which are placed in a linear magnetic field gradient, then two resonances will occur, and their separation will depend on the separation of the sample tubes. If linear magnetic field gradients in three dimensions are provided, image information regarding the proton density present in a body can be obtained. Then, using computer techniques closely related to those used for X-ray scanning, a two dimensional image can be produced.

It is also necessary to define the relaxation lines, T1 and T2 for protons. These are respectively the rates at which surplus energy can be dissipated to the lattice, and to other spins, and they vary with the extent to which the water is bound in the tissue.

Features

NMR imaging is a non-invasive technique, that does not use ionising radiation and there are no known health hazards from either magnetic fields or radiofrequency radiation. There is no attenuation by bony material. As the proton density is greatest in soft tissue, this technique is complementary to X-ray scanning, and, in addition, the relaxation time of water is longer in tumour tissue than normal. This additional information can be presented using a colour display, to reveal clearly the outline of a tumour. A further useful feature is that once the body has been imaged, projections of that image, in different planes (some only otherwise accessible by extreme surgical procedures such as decapitation!), can be constructed quickly by computer. The image density produced normally depends on the density of mobile protons. However, differences in image reconstruction techniques enable differences in relaxation times to reveal more information about the water in soft tissues.

Imaging with other nuclei

In this article so far, I have considered protons as the nucleus for imaging. An important parallel development is the use of "topical" NMR which achieves a homogenous magnetic field over only a small region of the body, for imaging a single organ such as the heart. Currently, a high resolution P^{31} NMR spectrum is obtainable, and both the relative amounts of phosphorus containing metabolites such as ATP, creatine phosphate and inorganic phosphate and the pH of the tissue can be determined. This provides useful information on the biochemical state of that organ. At present, the largest magnet bore for phosphorus NMR is about 20 cm, so the only human studies have been of muscles of the forearm. In a further recent development at Harvard Medical School, the sodium nucleus Na^{23} is being used, so far only at rat level, but by imaging the sodium peak at different stages of the cardiac cycle, it has been possible to estimate changes in blood volume during the cycle.

Current developments

Damadien in New York achieved the first whole body scan in 1977 with a resolution of about 1 cm, but with a scan time of several hours, and equipment only suitable for slightly built patients. However, it is pleasing to report that progress in introducing NMR scanners into a clinical environment has been more rapid in the U.K. than in the U.S.A., thanks to the groups at the Universities of Nottingham (Physics) and Aberdeen (Medical Physics) and at Thorn-EMI in conjunction with Hammersmith Hospital. Now the scan can be performed in about two minutes, and the reconstruction of the image can be achieved in a similar time. The resolution, although inherently less than with a CT scanner, has improved to reveal, for example, the optic nerve in a head scan. Although full clinical evaluation is not yet complete, the technique has the great advantage of showing both anatomical features and pathology, thus representing a combination of the information available through investigation by an X-ray CT scanner or by nuclear medicine. In the case of brain scans, there is a very clear distinction between white and grey matter which has enabled tumours to be detected, and also lesions in multiple sclerosis, neither of which had been visible on a CT scan. Imaging of the heart reveals a clear delineation of both wall and cavity of the constituent chambers; such images will have wide application in the assessment of chamber size in both congenital and acquired heart disease. In the abdominal region, all the major organs can be imaged, to reveal lesions and tumours, and it is hoped that differentiation between solid lesions will soon be possible. Also, these abdominal scans show the veterbral column and spinal canal contents; this should enable intracanal tumours and spinal stenoses to be assessed. In the near future, it is hoped to use the technique for detecting conditions such as hydrocephalus in premature babies, where X-rays cannot be used, and also for studying cardiac blood flow non-invasively, without catheterisation.

The Prosthetic Society of South Africa

by Professor D. J. Neill

Durban was the scene of the Diamond Jubilee Meeting of the South African Dental Association, from the 10th to 14th May, 1982, and, as I had been invited to present a course to the Prosthetic Society of South Africa and to deliver the annual Fred Hossack Lecture on the previous day, I was included in the scientific programme of the Jubilee Meeting.

Although the dental profession in South Africa is small in numbers, it is estimated that 75% attended the meeting. It was an object lesson in how a meeting should be organised and, despite problems arising from foreign lecturers being separated from their slides in transit, and last minute failures of some to meet their commitments, the organising committee was able to reschedule other contributions to ensure a coherent and attractive programme. The social activities were similarly the product of faultless planning and my fellow overseas speakers and I were recipients of the most generous hospitality.

My schedule also included lectures at the Dental Schools at Pretoria, Witwatersrand, Stellenbosch and Western Cape. During the course of these visits, my wife and I had the pleasure of meeting many Guy's dental graduates: Professor Staz, former Dean of the Dental School of Witwatersrand, who is now 82, and still active as Professor of Oral Surgery at the University of Western Cape, sported a Guy's tie to mark my visit. Among those in Durban attending the meeting were C. E. Sharland, a Newland Pedley prizewinner in 1938, who formerly practised in Rhodesia and has now moved to Simonstown. Otto Hallamanderes (1943) is practising as an oral surgeon in Durban. W. J. (Wally) Wolfson (1948) is in general practice in Cape Town. P. W. J. (Piet) Bossman (1951) is in Kimberley. Lyndon Howard (1957), another Newland Pedley prizewinner, is in Howick, and Ivan Moselle (1957) is in Johannesburg. Alan Froom (1967) is in practice in Port Elizabeth and R. Omar (1975) is on the staff of the University of Western Cape. Norman du Plessis (1951) and his wife Margaret were revisiting the country of his birth, and Anthony Skinner (1961), who is now in Australia and practising near Adelaide, was also attending the meeting. Another Guy's man was W. T. (Bill) Lamb (1967), the oral surgeon from Peterborough who was accompanied by his wife Margaret. Lesley Dawson Squibbe (1951) was prevented from attending the meeting due to the sickness of his partner, but he and his wife, who returned to South Africa ten years ago, are in Cape Town, having been joined by their children, and there is now a third generation.

All our South Africa colleagues appeared to be prospering and the strong camaraderie which exists wherever Guy's men meet together was very much in evidence.

S.M.E.C.: 1981/1982 Annual Report

by Mark Powlson, Chairman

The 1981/2 year has been one of considerable changes, largely stimulated before September by the prospect of the formation of the United Medical Schools, and subsequently by the merger itself. The necessity to achieve a certain similarity between syllabuses and examination structure has resulted in a much closer analysis of the course at Guy's than at any time since the introduction of the new courses in 1973 (preclinical) and 1975 (clinical) and has, therefore, been an exciting time to be the S.M.E.C. chairman. Unavoidably, most of the debates have occurred in one or other sub-committee of the School – a few of which had not met for some time – but, fortunately, the other members seem prepared to listen to the student view. (Due to the re-organisation of the School's committee structure, representation at the student level on the curriculum committee seems to have descended to the status of a co-opted member, but I have every confidence that this will be upgraded in the near future). Unfortunately, the timings of these meetings relative to those of S.M.E.C. have made it difficult to keep the student body informed of the changes occurring: this report is an attempt to remedy that defect.

The merger itself has now occurred. The United Medical Schools of Guy's and St. Thomas's Hospitals are represented by one Dean, and, on their U.C.C.A. forms, applicants put down either U.M.S./Guy's or U.M.S./St. Thomas's, but cannot apply to both. Another result of the merger, and of being regarded as a single School by the University of London, has been the need to come to some agreement as to the syllabus, and on the timing and type of examinations. Obviously, the most urgent requirements were for some agreements about the pre-clinical subjects, for the first joint intake that occurred in October of this year: the clinical side has two years of grace before they reach that part of the course, in 1984 (an appropriate year, perhaps?).

Fortunately, many of the difficulties involved in combining with the St. Thomas's pre-clinical course, with its more traditional emphasis on the major subjects, have been overcome after much negotiation during the limited time available. Agreement has been reached, so that common examinations can be set for the 1982 joint intake, but these are likely to include sufficient choice to allow the more detailed teaching of certain departmental specialities to continue as before. One major difference was the Guy's introduction of clinical teaching from the very beginning of the course, but, again, agreement has been reached. The next two years will show how successful the compromise has been.

On the clinical side, some changes in the examination structure have already been instituted: as from 1983, it will no longer be possible to take Obstetrics & Gynaecology and Pharmacology & Therapeutics theory papers in advance of the clinicals and *vivas*, which must be held in June. Guy's was about the only School to separate written papers from the rest of the examination, and has been advised to conform. Whether this results in a greater work-load and poorer results in June, or whether it ensures greater theoretical knowledge, which will improve performance in the clinicals and *vivas*, remains to be seen.

As a result of the merger, the clinical examinations of Guy's and St. Thomas's must conform: it has been agreed that the structure for the joint clinical entry in 1984 should have school-based examinations in Pathology, to be held in the November of the final year. Medicine, and Obstetrics & Gynaecology, in June, will be University-based. Surgery and Clinical Pharmacology & Therapeutics are to be decided.

Whilst talking about examinations, some progress has been made in standardising the types of M.C.Q. test used on clinical firms for in-course assessment. Various formats, with varying marking schemes, have been used in the past, but almost all now use the University of London format and marking, and others are being urged to adopt this method, so that students can more accurately gauge their performance (or lack of it) between firms, and under Finals rules.

The surgery rotation has been comprehensively reformed, with changes in the associated subspecialities. The new rotation for the first and third clinical years is:–

Surgery A
(With Orthopaedics, Trauma & Casualty)
LEWISHAM or BEARD, O'FLYNN, DRAKE

Surgery B
(With Anaesthetics block)
ELLIS, MAYNARD, RENDALL, EVANS or GREENWICH

Surgery C
(With Urology, E.N.T., Gastroenterology)
THE PROFESSORIAL UNIT

This returns urology to the main-stream (*sic*) of surgery, removes the anaesthetic block from the professorial firm, utilises the facilities of Greenwich, which S.M.E.C. has urged for several years, and incorporates the Ophthalmology firm into the second year (*vide infra*).

The second year clinical rotation has been discussed, but no major changes to its overall structure are envisaged at the moment, although the paucity of official holiday, and the problems incumbent on floating holidays, both in organisation and distribution, have been noted. One firm, however, has received some attention due to several problems, namely the Dermatology/Community Medicine/General Practice/Urology/Fevers firm. In the S.M.E.C. questionnaire to the final year (a new departure, and a trial run for a more regular form of reverse sign-up assessment of the clinical teaching), this was the one firm which consistently received bad marks, mostly due to its lack of cohesion. Due to the changes in surgery, urology is being replaced with ophthalmology, which is a tightly-structured course, and may improve matters. Other suggestions have included a greater emphasis on general practice, but the basic difficulties in organising such a diverse firm seem to remain unresolved.

The care of the dying is a subject which S.M.E.C. has recommended for greater prominence for some years, although it is dealt with slightly on the professorial surgery firm. Dr. John Wedley has agreed to organise a comprehensive programme including pain clinics, rounds, seminars, and possibly hospice visits, and much progress has been made in this direction over the year: the major problem now is deciding the precise location in the course. One possibility is to use the second year firm discussed above, but that may only make things more disorganised.

These are the major advances and changes: obviously many minor matters have been discussed, and many things remain unresolved. Over the next year, the most significant areas of discussion are likely to include the progressive *rapprochement* of the Guy's and St. Thomas's clinical courses; analysis of the teaching of medical sub-specialities at Guy's; and a more extensive version of student assessment of the clinical course.

S.M.E.C. elections: 1982/1983 Committee

Nominations are requested for the following membership of the Student Medical Education Committee, to be handed in to the Medical School Office before Friday, 5th November. Elections, decided by simple majority if contested, will be held on Thursday, 11th November, and the inaugural meeting of the 1982/3 committee will take place at 5.15 p.m. on Monday, 15th November in the Committee Room, Boland House, when election of the officers will take place:–

First year B.M.S. (2 seats); Second year B.M.S. (2 seats); First year clinical/ B.Sc. (2 seats); Second and subsequent clinical years (4 seats).

Music Club Lunchtime Concerts

Reviewed by Juliet Goff and Timothy Houlding

At our first lunchtime concert of the term, on 7th October, about 80 people gathered in the chapel to hear Schubert's piano trio in B flat, Opus 99, which was played by Stephen Gutman (piano), Rebecca Hirsch (violin), and Caroline Dearnley ('cello), all scholars at the Royal College of Music.

This trio is one of the best-loved of all pieces of chamber music. Conceived on a grand scale, it is filled with beautiful and appealing melodies; but the changes of key and mood ensure that the music, however well-known, remains always fresh. Perhaps the most memorable moment in the whole piece occurs when, in the first movement, the 'cello introduces, high up in its tenor register, the glorious tune of the second subject. On this occasion, as the warm sound of Caroline's 'cello filled the whole chapel, the audience was visibly moved.

Indeed, it was a remarkable performance in every way. The exquisite phrasing, enormous dynamic range and perfect musical nuance, not to speak of technical brilliance, gave the audience forty minutes of sheer delight. Truly, if one had been listening to criticise, one could not have found fault with it.

For the second concert, held on October 14th, pieces by Beethoven and Rachmaninov were played by James Lisney, who is a scholar at the Royal College of Music. Both Lisney's masterful command of the piano and Beethoven's rarely expressed feelings of romanticism were magnificently displayed in the first piece, Beethoven's Sonata in A flat. Although the composer's emotions begin to revert to his more angry and frustrated *timbre* during the latter movements, the piece retains great delicacy throughout.

For the second piece, Lisney played Rachmaninov's transcription of Kreisler's *Liebesleid und Liebesfrend*. In contrast to Beethoven's Sonata, this piece is characterised by extreme ebullience and demands some dazzling and intricate fingerwork. The latter movement, *Liebesfrend*, possesses a peculiar music-hall quality, both in its melody and its lightness and humour.

It was a rare privilege to hear such an accomplished pianist as Lisney playing these difficult pieces, and he is to be congratulated on a very fine performance.

Theatre Club Revue

Reviewed by Mark Powlson

The Theatre Club presented their first production in the newly refurbished Physiology Theatre, on Friday, 15th October, with the first *Freshers' Revue* for four years. Whilst the performance lacked some of the polish of those revues of old (with the likes of Rob Glynne-Jones, Mike Humphries, John Duckworth, Steve Humphries and the technical expertise of Justin MacArthur), it made up for this with the exuberance and enthusiasm of the cast, and was very well received by a capacity audience of some two hundred.

The overall plot – and, unusually, one did exist, if somewhat tenuously – covered life before, during and after Guy's, with some more general asides scattered in between. It started, however, with a superb portrayal of a faith-healing (?) evangelist by Martin Prince, who must surely be one of the finest male actors Guy's have acquired for several years.

Chris Donovan provided the continuity, resplendent in (what else?) *black* tie and tails, Colin Dayan wandered on and off as a distraught lecturer in an incomprehensible lecture theatre, and there was the inevitable Theatre Club piss-take of the Rugby Club piss-artists (to make up for the jibes in the opposite direction!). Strangely, at least two of the *artistes* were *artists*. Georgie Rhys-Lewis appeared in several rôles, again confirming her status as Guy's most talented actress in my time, and was especially *piquante* in the *Anything you can do, I can do better* sketch (despite cast hilarity), with Seiffy Shaheen, who performed admirably on the somewhat out-of-tune piano.

Special mention must be made of several (relatively) new faces, including Gale Loveday, although her style occasionally seemed to stem from *Abigail's Party*, didn't it, Ange? Neil Slater and Peter Twomey were also effective in their several parts.

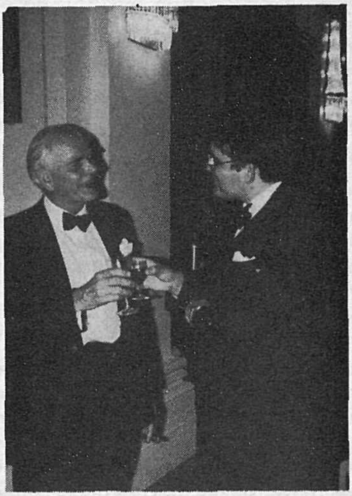
Several old troupers were there to add experience: Andy Kent and Bob Taylor did not seem to shine as much as usual (perhaps their parts did not suit them), but Simon Haskell was superbly effective as a broken-down cripple, a broken-down mouth organist, and a broken-down refugee from Casablanca *(type casting?)*. Simon Harley (who also set the lights), was a trifle plastic in his rôles – but, this time, perhaps, it was intentional. Neil Deuchar, another regular, was also effective, and – if anybody could be said to be in charge of such a production – was in a vaguely directorial capacity.

A highly enjoyable evening for both cast and audience; a full house; a successful inauguration of the re-vamped Physiology Theatre. Let us hope that the Theatre Club takes advantage of the enthusiasm which this revue must have generated.

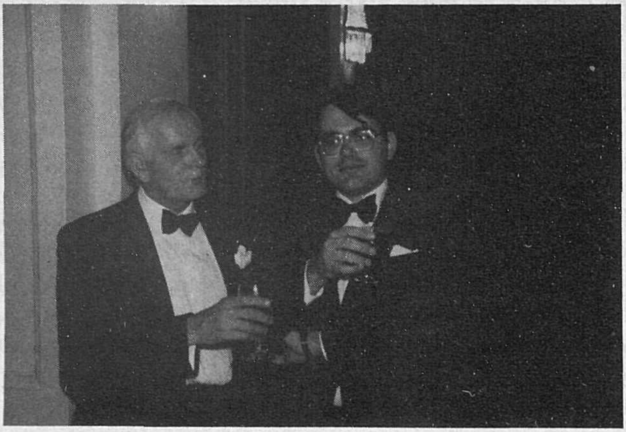
The Bore Report

Continuing, after an enforced absence, (subsequent to his one-week visit at a peripheral hospital during his psychiatry rotation, where they liked him so much that they would not let him out) the informal, bigoted and progressively less coherent remarks of our resident alcoholic, Eugene Bore. All information gratefully received. Any resemblance to any person living or, preferably, dead is accidental, and in many cases deplorable.

Many of our readers may wonder how the Editors of this illustrious journal can afford to attend such functions as the Biennial Dinner – and don't let the by-line *"By our Special Correspondent"* fool you! The answer is, of course, that they are, by virtue of their elevated position, invited free – but how can they afford the incidental expenses, especially at Connaught Rooms prices? I am greatly indebted to our senior editor for this fine demonstration of student enterprise, which should be much copied at the next round of firm dinners. First find a susceptible consultant (in this case Dr. George Scott, Chairman of the *Gazette* Committee, an ideal target) and engage him in conversation. Note opposite the careful positioning of the left hand. Then, move the body slightly sideways and around, into the position shown overleaf, *et voilà!* Another



wallet bites the dust. Dr. Powlson maintains, of course, that he was only warning Dr. Scott of the presence of a photographer – a likely story. . . .



Who was that gargoyle glaring down at one when entering Boland House for a Spit breakfast to restore the tissues after a strenuous night before? Stand forth Simon Ward, our replacement Vice-President – and, it must be said, an able and discerning choice. But does this not mean that two senior officials who were originally elected in February have now resigned from the Clubs' Union Council? Is this a peace-time record? Who is next . . . ?

Going down to HQ the other night, I was struck by the relative proportions of real glasses and plastic receptacles. Is this an *ominous sign? I think we should be told.*

Congratulations to the Clubs' Union on the Freshers' Week organisation, which was surprisingly well managed, despite a couple of hiccoughs in HQ. Everything in the Bar now seems to be working fairly smoothly as Mr. Kean gets more used to the place. One hopes that his first night was not entirely ruined by the repellant sight of rats' rears, but he may be slightly consoled to know that they were later made to belt up by a local thug, amidst cries of agony and *"More! More!"*

Those of us who can remember the ancient cries for *"T'in Lizzie"* echoing across the pools of beer in HQ were slightly surprised to see its lead singer in those hallowed vaults, albeit briefly. Could the message have finally got through, three years too late? (Now there would really be a *coup* for any Ents Committee.)

The Social Secretary, Sarah Wollaston, did a very good job with Freshers' Week. But are the horrible rumours that we hear from the Bar Committee true, suggesting that a student actually proposed the ending of the half-hour extension during Inflams? A proposal, naturally, which was accepted with alacrity by the Authorities. Could such a suggestion be made by a student representative in touch with the students she (or he) is supposed to represent? Is it true? We should *certainly* be told.

How pleasant to see such a good turnout at the Rugby Festival, especially amongst the many old lags who have escaped from Guy's in the last few years, and who re-emerged from the provinces to once more inflict themselves upon an unsuspecting Hospital. It was particularly good to see so many old Vipers together (although it could *not* be called a pretty sight!). There was some debate, at the far end of the ground, as to the relative sizes of the probosces of the inflatable toucan and that of a certain Scottish past captain of the second XV, but, despite lubrication by much excellent Guinness, no definitive conclusion was reached. While I remember, I must ask Powlson to loan the editorial scissors to his predecessor Mr. Pini: life as a Ph.D. student and home-owner has obviously re-inflicted poverty on the progressively more hirsute Pin. Let us hope that Mr. Scriven is still tolerant. . . .

EUGENE BORE

Nursing

The 13th Annual Symposium of the Infection Control Nurses Association, 1982, was held at Goldsmith's College, University of London from 7th–10th September. The *"Critical Environment"* was taken as the theme. On the first day, advances in exotic infections and immunisation were introduced by Professor D. I. H. Simpson, director of the Special Pathogens Reference Laboratory. An interesting presentation illustrated with slides alerted us to the hazards of imported diseases such as Lassa and Marburg fevers. Questions from the floor indicated the concern that rabies would soon be in Great Britain, particularly if the channel tunnel is built; however, Professor Simpson felt that the strict precautions already in force made this unlikely. Dr. R. T. D. Edmond, consultant in infectious diseases at Coppets Wood Hospital, continued with an account of the care given to patients requiring strict isolation precautions. The historical perspective showed how the foundations for modern care were started: of particular interest were slides showing the nursing of smallpox victims on old war ships anchored at Longreach, at the entrance to the Thames. The high technology of Texlor isolators and HEPA filters, used today to nurse Lassa fever patients, was in marked contrast.

A very sensible and enlightened view of isolation nursing was presented by Mrs. E. Bowell, Infection Control Nursing Officer from Bristol, and should remind nurses that every patient must be individually assessed every day and appropriate care plans used. Care, conscience and commonsense should guide us in determining this. The Intensive Care Unit, Special Care Baby Unit and the care of neonates with meningitis and septicaemia, were discussed during the session on high-risk areas. Infections in gastro-intestinal surgery and the need to consider the cost of infection against prophylactic antibiotic therapy was highlighted with an imaginative slide programme by Mr. J. A. Gilmore, Consultant Surgeon at St. Bartholomew's Hospital.

The guest speaker at the Symposium was Professor A. Forder, microbiologist at the Groote Schur Hospital, South Africa. He delivered the Travenol lecture on *Prevention and Control of Infection in Transplant Surgery.* Care of the immuno-suppressed patient was discussed and a vital message to nurses *and* doctors was repeated – hand hygiene is essential. In the Groote Schur transplant unit an alcoholic hand rub solution is by every bed and must be used by all personnel before attending to the patient.

The final day concentrated on the law and health and safety. The final message to nursing staff was that we have a duty of care and must be able to justify our actions, for which, as professionals, we are responsible and we have a duty to keep abreast of developments.

S. E. QUINN,
Control of Infection Nursing Officer

Physiotherapy

Traditionally, entrants to physiotherapy training in September/October had been young women aged 18, who had left school the previous summer after two years in the VIth form. A few years' back, it would not even have been essential for them to have produced evidence, in the form of Advanced level passes, that they had spent these two years fruitfully, but first one A level and then two were introduced into the pre-entry requirements. Similarly, at first, no minimum grades were demanded, but progressively more schools are specifying these and, in certain subjects, are asking for a third A level, to boot.

The logical progression would appear to be to "up the *ante*", so to speak, by making it an all graduate entry, so sneaking into the declared target area of a graduate profession by a circuitous route. Not so fanciful a prospect, that, because it was actually proposed by the DHSS in a consultative document. It would have the advantage of mopping up the unplaced graduates holding unlikely degrees with no apparent application, and, the DHSS hoped, would allow a shortened course of training which would save them some money. Indeed, such a scheme does operate elsewhere and we will be examining, later this month, a candidate for British State-Registration who has done a post-graduate one year 'instant physiotherapy', course followed by a year's pre-registration internship.

The Chartered Society has been less than enthusiastic about this sort of scheme and takes the view that learning to be a physiotherapist and developing professional skills are the end-product of an integrated approach and not a rapid grafting process applied to a different stock. However, to return to "logical progression", it is surprising that graduates should find difficulty in being accepted even for the full-length course, but it is increasingly evident that this is the case.

Some schools take the view, it seems, that a graduate, having lived with public support for three years, has had his desserts and, if the course he followed had no vocational bearing, hard luck. Whether they view similarly someone drawing unemployment benefit for the same period is not clear. If you take the view that higher education is mind-expanding and intellectually developing, surely you would be prejudiced in favour of a graduate and not against?

In the difficult process of selecting students for physiotherapy training from a rich and plentiful field, there are many factors which will be taken into account, but it would seem perverse to exclude deliberately from consideration someone who has successfully followed a degree course for that reason alone. I wrote once before about the apparent significance of a broken arm and a fail in French O level as selection criteria, and others may have different views about what attributes should be possessed by a good candidate, but it is difficult to believe that a B.A. or B.Sc. should be a handicap. (Not withstanding all four editorial incumbents!).

R. J. COOPER

Book Reviews

"A Textbook of Clinical Pharmacology, by H. J. Rogers, R. G. Spector and J. R. Trounce. Pp. 853. Price £13.95. Published by Hodder & Stoughton.

As the authors point out, the importance attached to clinical pharmacology in the education of doctors is emphasised by the fact that, in most universities in the United Kingdom, it is accorded equal status with medicine, surgery, and obstetrics and gynaecology in the final qualifying examination. Against this must be weighed the commonplace experience whereby the treatment of an illness is often relegated to the last few minutes of a ward round or tutorial.

This book aims to redress the balance and to bring clinical pharmacology to the fore, by showing how an understanding and knowledge of the subject will aid in prescribing drugs. It hopes, thereby, to help reduce the incidence of avoidable adverse drug reactions and therapeutic failures, whilst hopefully increasing examination successes.

The approach to the subject differs from that taken in many other current texts and its size alone indicates that its content is more comprehensive than many. The book is divided into two sections: the first deals with general principles, and the second detailing the use of drugs in different body systems. The initial chapters on pharmacokinetics and drug disposition look formidable, but it is the principles derived from the formulae, rather than the minutiae, which are important. Once the reader overcomes his reluctance to face these formulae, it is apparent that the subject is dealt with clearly and that there are many references to clinical applications of the principles. Examples include the application of dose-dependent kinetics to salicylates and phenytoin, advice on the indications for therapeutic monitoring and the principles of multiple dosing. Also useful are the chapters on drug absorption and bioavailability (particularly the effects of food and other drugs on absorption), and the chapters on the use of drugs at the extremes of age and in disease was appreciated.

At the time of writing, the licence for the drug Benoxaprofen has just been withdrawn by the Committee on Safety of Medicines, the pharmaceutical industry is being criticised for making excessive profits, and doctors are being accused of thoughtless and expensive prescribing. The chapter on drug development, clinical trials, and adverse reaction monitoring provides a valuable background to this problem, and should help the reader to take a balanced view of new developments.

The second section covers each body system in turn. The chapters are comprehensive, detailing the relevant pathophysiology of the conditions, before listing the drugs used, together with details of their pharmacokinetics and adverse effects. In some cases, the choice of drugs offered is great, but the authors have included sections on current preferences, which help to put them in perspective.

As with any first edition of this size, there are misprints, but the book is well produced and inexpensive for its size. The authors state that it is intended for "study and learning", rather than as a comprehensive textbook. When put to the test, however, we have found it a useful first-line reference. Students should buy it at the very beginning of the clinical course and slowly work through. It is *not* suitable for last minute cramming by those who have failed to pay due attention to therapeutics during the course, but it will serve well as revision material for those who have already taken the time to appreciate its style of presentation and its overall approach to the subject.

GLYN VOLANS,
Director,
Poisons Unit

"Poisoning: Diagnosis and Treatment". Edited by J. A. Vale and T. J. Meredith. Pp. 220. Price £11.00. Published by Update Publications.

This publication from Update books is, as might be expected, excellently presented with the most beautiful illustrations. The editors have tried to foster an approach into diagnosis and treatment of poisoning which is based upon understanding, rather than formulae treatment. To that end, chapters on the epidemiology of poisoning, the working of the Poisons Information Service and the preventative and psychiatric aspects of poisoning are included.

All of the chapters are clearly and concisely written and, starting from general principles of treatment, the editors have led us on into the management of specific system failures to the treatment of poisoning by individual drugs. Not that they have confined themselves to drugs, however, for there are chapters on poisoning due to pesticides, household products, marine animals, industrial poisons and heavy metals. I particularly like the chapters on poisonous plants and fungi, and poisoning due to snake bite, but perhaps this is because I work in a city. However, so do the editors, as both were members of the Guy's clinical staff and inclusion of these chapters only serves to reflect the thoroughness in which they have approached the subjects. They can be pleased by the way they have managed to present it in such a concise yet readable manner.

This book certainly is useful for both junior staff and those who have not been directly involved in the treatment of poisoning for some time, and wish to bring themselves up to date. It is also good enough to serve as a reference for any clinicians who occasionally encounter problems in this field.

J. R. WEDLEY,
Senior Lecturer,
Anaesthetics Dept.

"One Hundred Years of Medical Murder", by John Camp. Pp. 221. Price £6.95. Published by The Bodley Head.

Famous crime stories from real life never die: they appear and re-appear in print, in collected editions, in radio and television, whether they are 5 or 50 years old, and their colour never fades – indeed seems, like good wine, to improve. No-one tires of reading the exploits of Charlie Peace, of Dr. Crippen, or of Jack the Ripper of Whitechapel. And when you come to look down the list of colourful murders of the last century, you cannot fail to remark on the number of medical men who, using their special knowledge, have made their crimes particularly diverting. . . . Dr. Palmer with his own special medicine, strychnine (sometimes laced with prussic acid), Dr. Lamson with aconite, Dr. Neill Cream, Dr. Smethurst, the wretched Dr. Clements and the notorious Dr. Sam Sheppard of America, who so nearly escaped conviction . . . indeed who convinced the Supreme Court of the unsatisfactory nature of convicting evidence 22 years – and 10 of these serving a prison sentence – after. Here, too, is the case of Dr. Buck Ruxton whose dismembering of victims revived Scottish repute in forensic medicine.

Well, you may think, why revive these oft-retold tales? Can they not be read and re-read *ad nauseam*? Well, there are two very good reasons. One is that a calendar of villainous doctors had not been set out so attractively before, and the second is that John Camp is an extremely good story-teller, and contrives to tell, in a way that, as his publishers claim in their jacket "blurb" is fascinating and illuminating, some of the most colourful murder stories of the last hundred years. Criminal doctors may be thin on the Calendars of Murder, but they are far from dull when they set about it. You will find this book difficult to put down.

KEITH SIMPSON,
Professor Emeritus,
Department of Forensic Pathology.

"Obstetrics", by G. M. Stirrat. Pp. 282. Published by Grant McIntyre.

This attractively presented book, by the newly appointed Professor of Obstetrics and Gynaecology at Bristol University Medical School, is essentially a *"Documenta Geigy"* for obstetrics. The series goes under the title *"Pocket Consultant"*, which, if anything, would seem to be an understatement, as within the 282 pages of this book is contained every conceivable piece of relevant information in obstetrics, ranging from the problems of sexually transmitted diseases to the address of the National Marriage Guidance Council, (not that it is intended there should necessarily be any connection between these two examples!). Clearly this is an invaluable reference manual for obstetricians and midwives at any stage, fitting easily, if not into the pocket, into the brief case.

T. M. COLTART.
Director,
Department of Obstetrics and Gynaecology

Correspondence

Professor J. Joseph

Dear Sirs,

Owing to considerable difficulty in being able to write to everyone personally, I would like by means of the *Gazette* to thank everyone who sent their good wishes and contributed to the presentation made to me at the farewell party on 30th September. Many thanks are also due to the members of the Anatomy Department, especially Dr. M. Hutchinson, who worked so hard to make the party a success.

It is fitting that I take this opportunity to say how much I have enjoyed working at Guy's and to thank all those people, too numerous to mention, with whom I had such good working relations and from whom I have had so much help.

Yours sincerely,

J. JOSEPH.

Department of Anatomy,
Guy's Hospital Medical School.

Sir Geoffrey Marshall

Dear Sirs,

It was a pleasure to read the letters about Sir Geoffrey Marshall and Neville Southwell's sensitive obituary, in which he mentions Sir Geoffrey's imperturbability in every circumstance.

I well recall an example of this when I was HP at Guy's, in 1944, in the era of the doodle bugs and V2's. During a morning ward round, a doodle bug passed over the Hospital and the engine cut out, suggesting that it would explode nearby. One had learned by then to take cover when this happened and the firm to a man, including the HP, flung themselves on the floor with a tendency to hide under the patients' beds. Eventually the explosion came, some way off, and none of us were any the worse. Sir Geoffrey remained standing throughout this episode and afterwards gently pointed out that we had only thought of ourselves and not of the patients, and that this was not good enough!

Yours faithfully,

R. E. IRVINE.

St. Helen's Hospital,
Hastings.

Lord Nuffield?

Dear Sirs,

A few weeks ago I was discussing some aspects of Guy's Hospital with a fairly new graduate and mention was made of the statue of Lord Nuffield. I asked *"who was Lord Nuffield?"* and there was a great deal of hesitation and finally I was offered: *"a famous scientist?"* Much surprised at this lack of knowledge of one of our benefactors, I asked other graduates and was given the choices of *"a great surgeon, or a famous dentist"*. Later, not believing I could get a similar response, I asked about Thomas Guy. Although most knew him as a benefactor, none knew anything about him. And yes, one reply was *"something to do with fireworks, was it?"*

There was not one single graduate that knew of any of the history of Guy's. I have always been conscious of the importance of tradition at Guy's. Does no-one believe it necessary to teach its history in order to carry on this proud tradition?

Yours faithfully,

J. O. FORREST.

6 Harcourt House,
19A Cavendish Square,
London W1.

Acid Erosion of Teeth

Dear Sirs,

I was interested to read in Mr. A. D. Robinson's *Dental Notes* that acid erosion of teeth was claiming some attention at the Dental School. Although the problem is not yet widespread in general practice, I have noticed alarming early signs on the dentition of my own family, all of whom have become vegetarian, and, therefore, consume large quantities of unsweetened fruit juice, natural fruits and yoghourt. However, his answers to the problem seem inadequate at this stage. Whilst counselling moderation in consumption of these acid foods, it would be difficult to recommend any substitutes to a vegetarian.

In view of the current trend towards more natural foods, it would be helpful if the dental schools could accelerate research into the prevention and treatment of this problem.

Yours sincerely,
R. G. CUMMING.

Gloucester House,
8 Gloucester Street,
Faringdon,
Oxon

Mrs. Margaret Davis

Dear Sirs,

Through your columns, may I thank most warmly all my friends and colleagues who contributed so generously to my leaving gifts and for all the good wishes and kind things said about me at my leaving party on 22nd September. I shall value my gold chain from the Nursing Staff greatly – it will serve as a constant reminder of eight very happy years at Guy's. The cheque has yet to be spent, but I look forward with happy anticipation to choosing another reminder of my time in the Guy's Health District.

I would like to thank the nurses, medical staff and all the other staff who have been so co-operative, kind and supportive during my time at Guy's – I wish you all well in the future.

Yours sincerely,
MARGARET J. DAVIS,

21 Holtwood Avenue
Aylesford
Kent

Sport

Clubs active in the autumnal months are just ridding themselves of the summer lay-off's dust and reaching full stride. An excellent display of fine, skillful rugbyat the Steve Duckworth Appeal international match should have stimulated our eager oval ball players to greater things. Indeed, four XVs are to be fielded again this year.

The Football Club have had a good intake of new members this year, much to the joy of its progressively more anxious captain, and it is a mark of the great spirit of the Club that the 13–0 defeat of the 3rd XI, recorded below, was taken so lightly!

Freshers, I hope, are now first year's, and have found their eco-niche. If you're not yet active on the sports field, and want to be – have a go. There's plenty of room!

MARK BATTERBURY.

RUGBY FOOTBALL

Guy's 13 pts. U.S. Portsmouth 23

A rainy day and the sailors came at us breathing fire. *"Remember the Sheffield, remember the Ardent,"* the chief petty officer in the second row rumbled. The Guy's boys wondered if they were playing rugby or attending a modern history lesson. USP scored an early try and penalty goal, but Mike Hackett kept us in the game with two fine long range penalty kicks and Neil Slater kicked Guy's into the lead with a dropped goal; that brings his tally for the season to more than one.

Through driving rain at half-time, the Captain told us that the side which made the fewer mistakes would win, and he was absolutely correct. Paul Reynolds at full back made no mistakes at all, but there were times when he would have preferred Goose Green to the Guy's '22.

Martin King scored a try from close range, after the sailors unwisely chose to throw long at a line-out on their goal line, but our 13–7 lead was insufficient and in the last few minutes it was overhauled to give the final scoreline a misleading bias.

Graham Meharg played very well in his first game for the 1st XV and displayed a maturity and intelligence so conspicuously lacking in the rest of his endeavours. Phil Taylor was pretty good too, but one of his passes was so atrocious that he still won't tell us who it was meant for: the current betting is Bryant 5–2, Slater 9–2, Reynolds 15–1.

Guy's 12 pts, Nuneaton 10

Our first win of the season, and against distinguished opposition! We approached this game with confidence derived from a fair performance against Blackheath the previous week. We didn't exactly dominate, but we didn't give anything away either. Up front, Parry, Hamilton and Neill were a rock-solid front row, Neil Roberts leapt well and was our main source of possession from the line-out, and in the back row Lloyd and King applied themselves well. Charlie Popplewell made his accustomed erratic but spectacular contributions.

There was an early exchange of penalties – our points were kicked by Mike Hackett, who has been particularly accurate this season – but the Nuneaton backs continued to squander good possession by dropping the ball in the centre. Nigel Poole, our voluble captain, was active at the base of the scrum and kept us going forward.

Towards the end of the game, Guy's led by 9–6 (all penalties), when good work by the loose forwards won a scrum inside the Nuneaton '22. From well-controlled possessions, the fly-half, Neil Slater (who happens to be the author of this report) squeezed a dropped goal inside the left upright. Nuneaton scored a late try, but failed to convert it and victory was ours.

Askeans 23 pts Guy's 6

This result was a disappointment, but there were mitigating circumstances. We began well and early pressure was rewarded by a try from Charlie Popplewell, who was in suberb fighting form. However, bad luck and a really appalling referee contrived to thwart us.

By the second half, we had lost both Charlie and David Lloyd, with identical knee injuries, and we nearly lost Simpson Hamilton's head, when he was the victim of what can tactfully be described as over-zealous play. Enough moaning – Askeans exploited our mistakes, kept scoring points and finished on top.

We were left with the sour taste that comes from never getting out of second gear.

STEVE DUCKWORTH RUGBY FESTIVAL

The Guy's Girls 10 pts. Doran's Dollies A big fat zero points

The opposition who were varicusly billed as Doran's Dollies, the Glamorous Models and the Travellettes, were clearly more concerned with their sun tan, nails and hair than with rugby and were hence completely unprepared for what Guy's had to throw at them. Georgie Rhys-Lewis, who expressed a desire to play hooker, kicked off and after the ball had gone ten metres the battle commenced. The first half was without score, but Guy's potential was immense. At half back the adorable Sally Forrest (a real favourite with the crowd), linked well with the long-legged elegance of Sally Vivian. Outside her, bristling with blonde Nordic power and, let's face it, a tenuous link with Guy's, was Karyn Ratford, and on the wing was Katy Godber, who was actually quite good.

The breakthrough came in the second half when Rachel Jackson ran straight and true for an ecstatically received try. Regrettably, the conversion attempt failed to get the requisite six inches off the ground. Shortly after this – the moment we had been waiting for – Karyn caught the ball in space on her '22 and out-paced all but the last desperate cover. With perfect timing the ball was passed to Katy Godber, who sealed the game with a try of quality. Her conversion attempt was successful via the right post and the cross bar, but two points is two points. At full-time the ritual exchange of shirts was greeted less with bawdy cheering and more with frantic clicking of camera shutters. Phil Taylor, always a champion of subtlety, was so overwhelmed by the occasion that he ran on to the pitch to get a shot from a better angle.

Guy's Physios 8 pts. Middlesex Physios. Rather more points.

This was a performance of great character and no little skill. In the end, what made the difference was probably a packet of cigarettes. The Guy's Physios were led with gusto by Rosie Jackson, whose busy approach to the job of prop forward was rewarded with a really excellent try. Louise Tozer scored the other Guy's try when, released on the right, she showed the opposition a clean pair of heels, crossed the goal line and was about to cross the dead ball line when, prompted by some opportune advice from the touchline, she grounded the ball. Jessica Wright crash tackled with awesome power and Hazell was pretty sharp at scrum half.

ASSOCIATION FOOTBALL

Past v Present

Steve Robinson's nose, followed by the stubby chap himself, entered the bar at H.O.P. to set the ball rolling in our third Past vs. Present soccer match.

The past congregated. A rather portly Ian Wilson and the awkwardly tall Greg Tamlyn (Whippet), noticed that Robin (The Cat) Evans, had lost more hair than they thought possible. Dave Greenaway (30 next month and due to retire), had lost as much hair and seemingly even more grey matter. Harri and Alex Williams and Dave Smalley represented the newly-qualified contingent.

Mark Batterbury, a man of restricted growth and wearing ladies tracksuit bottoms, assembled the present team, most of whom had brought smelly football kit. John Rawcliffe, balder and fatter than last year, brought his fiancée.

Unlike the players, the pitch was in an excellent condition. Easy goals came to John (bald and fat) and to Tim Harris in the first half with Robin, The Cat, only managing diving saves for shots that were at least two yards wide of his posts. Alex Williams replied for the past: 2–1.

This friendly match then took a nasty turn. John, bald and fat, savagely lashed at Steve Robinson, who had been tracking him for half an hour. All would have been well but Steve's nose was broken by John's elbow, a blow that would have missed any other player by at least a foot.

The old-timer who stood out at centre-half moaning about everyone else's performance, started the second half by neatly back-heeling into his own net after an otherwise unpenetrating run by Brian (Jaw) Jenkins. Nick Cowland, demonstrating his normal coolness over high crosses, from Mike Breeze and Keith Underwood, allowed the past to draw level at 3–3.

Mark Batterbury, who had removed his ladies tracksuit bottoms (*who is his lady? – Eds*) to reveal ladies legs, pushed the present into the lead again, after yet another place kick had only just cleared the area before stopping.

Goals were scored at each end within minutes by Dave Smalley and Mike Evans: 5–4.

Ed Rytina's fresh little legs posed problems for the past who had accustomed themselves to the lethargic Andy Jones of the first half. Adrian Marsden played commendably, keeping Mike Breeze at bay on the right flank. Anu Biswas, hot off a sun bed, showed a lot of ability and skill against a rapidly tiring past defence. Bob Bond and Harri Williams made up for the older Greg Tamlyn and Ian Wilson and managed to hold off attacks from Allan Jones (control, kick and run), from Mike Evans (kick and run), from Tim Harris (run only), and from Jaw Jenkins (kick only).

The past were handicapped by having Green (party in Blackheath next month), whose own goal turned the match, by Dave Smalley who missed a penalty in the last seconds, and by Steve Robinson whose cramp provided much amusement to past and present alike.

The present, fortified by youth and a steady defence of Broughton and Paul Henderson, fought well throughout the match and deserved the 5–4 victory.

The match next year is looked forward to by the past and the best of luck is passed from us to the present teams in the coming season.

Robin Russell also played well.

The teams:

Present: Cowland, Jones, Broughton, Henderson, Marsden, Harris, Batterbury (Miss), Russell, Jenkins, Evans, Rawcliffe. Subs: Rytina, Biswas. super-sub: Jones.

Past: Evans, Williams, Greenaway, Tamlyn, Bond, Wilson, Williams, Robinson, Breeze, Smalley, Underwood.

Keith Underwood

(After the match, an anxious and fretting Steve Robinson sought out anybody who had done their ENT, concerned that his nose, pointing in the direction of his left ear, might be broken. Everybody agreed it was, some volunteering to reduce it with a good thump. Since then we hear he's had it done under G.A., but Steve still hasn't appeared, so we can only assume it's as grotesque as ever.

Ed.)

Guy's I 3, UC II 3

Our first match of the season, in this rearranged league that brings 1st XIs against reserve teams. Three new faces in the team, and one old one making his *début* – Jaw Jenkins.

We took an early lead as a long kick from Nick Cowland in goal was helped in by Colin Hawkes. A penalty given for a trip on Skip was put away by Anu Biswas, and half-time saw us 2–0 in front.

After the interval, the wind swirling into our faces disrupted our play, and UC drew level with goals from crosses exploiting our weak points. We again pushed forward, putting together some attractive moves. Nav Masani came more into the game as it progressed, but should have scored late on. A strong run by Colin ended with a powerful shot that the 'keeper could not catch, and Ian Renwick put us back in front. However, though only a few minutes remained, UC equalised when Mark Allington, who had otherwise had an excellent first game, allowed his wings to loft the ball over Nick's flailing arms. 3–3.

M.B.

KCH II 3, Guy's II 3

The opening match of the season enabled us to use the fine facilities of Southwark Park, now temporary home of K.C.H.

After sharing a matchbox with the opposition to change in, we coughed, spluttered and limped onto the pitch, only to find it not much bigger than the changing room.

A number of old faces turned out, including Chesh and Steve Loveless (yet another come-back from retirement), raising the average age to about 30 – would they last 90 minutes? K.C.H. were, in fact, even older, so all worries were soon forgotten.

The pitch did not suit our usual open style and we soon found ourselves 1–3 down, our goal being scored by new-boy Paul Taylor, very coolly taken following a brilliant defence-splitting through ball, from the left midfield player.

By this time we realised that: a) the pitch was covered in bits of jagged metal and b) the ref didn't know the rules, and when questioned on said rules, merely grinned inanely. The situation looked grim.

Nokey Dickinson pulled back another before half-time, again from a pass by the left midfield player – a footballer of true class.

In the second half, Guy's maintained constant pressure with axeman Broughton holding the defence together. However, cruel fate raised its ugly head and also the contents of captain "t'Spu" t'Mellor's stomach onto the pitch, forcing him back to the changing room. Undeterred by this (most of the team didn't actually notice his absence), we continued pressing, heaving forward in great waves, and eventually Tim Harris equalised with a few minutes to spare – a fine shot on the turn (again set up by the left midfield man with a long throw – although not so long as t'Spu's throw later on the trek home.)

Dick F. B. Fairweather

Guy's III 0, UCL VI 13

The team arrived in Shenley (north of Watford), suffering from a mixture of jet-lag and various excesses of the previous night. Skip came in a purely managerial capacity (due to the deflation of one of his organs) and presented his team to temp-skip . . . hmm . . . many fresh faces were evident. The question was (and remains), had they *seen a football before?*

We won the toss! Temp-skip elected to play up the slope and against the wind for the first-half – to save those tired young legs in the second.

Man-between-the-posts (Cassatta??) and his defence could not understand the goal's apparent affinity for the ball – and searches for various magnetic devices proved fruitless. 6–0 at half-time – we nearly scored as well. In fact, had it not been for divine intervention, prompted by Vic, the ref, who sported a dog collar, we would have. The bar was bent (yes, I saw it) to meet the sizzling shot of John Cieslicki.

With the wind and the slope we could not fail in the second half. However Vic seemed intent on showing us bias – he cheered us on and refused to punish some cynical tackling from Steve Brookes. We thought this most unsporting and declined to score – on principle. It was the very least we could do to let them score a goal or two: seven to be exact.

At last the end of the match – the team seemed cheered by the degree of saturation of skip's breeches but were disappointed in the cartilaginous tea. So 13–0 – unlucky for some; but is it a new record?

P.S. Temp-skip has cleared all memories with Courage Best and refuses to discuss the match. **Temp Skip**

(Temp-skip appears to use ale for that purpose quite often. Indeed, does he remember anything any more? – Ed.)

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DEATHS

BAKER, Kenneth C., L.D.S., R.C.S.(ENG)., of 24 Garden House, East Grinstead, Surrey. Died on September 13th leaving a widow and daughter.

ENGAGEMENTS

SCOTT-BARRETT–DAWSON-EDWARDS. The engagement is announced between Hugh, son of Mr. & Mrs. J. Scott-Barrett at Henfield, Sussex, and Sarah, younger daughter of Mr. & Mrs. P. Dawson-Edwards of Edgbaston, Birmingham.

COOK-ALLDEN. The engagement is announced between Dr. Graham P. Cook and Miss Jane Allden, S.R.N.

MARRIAGE

JACKS-COX. Dr. Alasdair Jacks and Dr. Susanna Cox were married on 4th September, 1982, at Edge, nr. Gloucester.

CHANGE OF ADDRESS

COATES—Dr. & Mrs. R., Church and State, Dewtstroude Lane, Dewstroude. Nr. Blean, Canterbury

EASTES—Mr. C. N., Smugglers Hut, Greyfriars Lane, Storrington, Pulborough, W. Sussex RH20 4HE.

PERSONAL

OVERLOOKING Loch Rannoch. Luxury studio apartment, sleeps 4–5. January 7th–14th, 1983. £150. Fully equipped kitchen, heated indoor swimming pool, sauna/Jacuzzi. Facilities for skiing. Langlauf. Transport to Aviemore. Adjacent to and use of facilities of highland hotel. Please apply L. Corrie, Boland House, Guy's Hospital or 0458–251245.

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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Passim

Seasonal Greetings

The *Gazette* wishes its subscribers and student readers a very merry Christmas and a happy New Year – thinking particularly of those on duty over the festive period. Our special thanks to all our contributors and advertisers over the past year, and above all to our voluntary helpers; to Pat, our manager; and to our printers, B.O.S.P. Print Ltd.

Bar Shock Horror

It was with amazement, mingled with not a little trepidation and a hint of nausea, that I saw the considerable bulk of my old friend and gossip columnist Eugene Bore, lurching through the doors of Boland House at five minutes past five on Wednesday, 24th November. A not unusual event, perhaps – though slightly late – but he was heading in the direction of the car park, not H.Q.! As if Big Ben rotated anticlockwise, as if the stars were to reverse in their courses, as if Thomas Guy stepped down from his podium – these were some of the allusions that sprang into my fevered mind at this unprecedented occurrence. Gathering courage and my liver in both hands, and swallowing hard – for I knew of old the social consequences of a meeting with Bore – I stepped into his line of vision.

"Good God, Mark" he said, his staring eyes looking even wider than usual, his limbs twitching and beads of sweat gathering on his brow. I could tell at once he was disturbed. "The ******* in the Clubs' Union have shut the Bar." He stopped, stricken, on hearing that terrible statement from his own lips, and another spasm of trembling racked his body, rendering him temporarily incapable of speech. The silence (broken only by distant wailing and gnashing of teeth as other unfortunates discovered the sorry truth) gave me time to grasp this horrible fact. "Those people couldn't organise a piss-up in a brewery" he continued, then suddenly stopped, looking, if possible, even more bereft. "Piss up . . . brewery . . ." he muttered brokenly, and started to shake even more violently.

Although greatly disturbed myself, I realised that urgent medication was needed and guided the broken-hearted Bore between the gathering groups of people who were starting to cry out for beer, and burn Lawrence Maule in effigy. A short walk took Eugene and I to the editorial offices, where he recovered remarkably with the help of a little of the Editorial sherry.

"It was a horrible shock," he continued. "Nothing like it has happened in all the years we Bores have been writing for the *Gazette* – since 1975, I seem to recall, when Magnus started." Bores had, I reassured him, been writing for the *Gazette* for at least that long – indeed, it was often alleged, far longer and more frequently than even the combined talents of Magnus, Brian and Eugene could account for. "It is a disgrace, a crying shame," he continued, "particularly after the closure in the summer." I enquired as to the causes of the latest crisis, watching anxiously as the level in the sherry bottle fell. "Unacceptable losses in June and July" he moaned. "They completely mucked up the year's results for the Bar. There are even rumours that it made a loss. My sources on the Bar Committee say a major shake-up is starting." His sources were not always entirely reliable, I suggested. "Only once, only once," he retorted, stung, "and I've apologised for that." He took another swig of sherry and mellowed. "Nothing's gone right this year, what with the changeover of Bar Secretaries due to an early resignation, and the change-over of stewards due to Mr. Day's death in August, and the picketing causing supply problems over the summer." What, I then enquired as I prised the empty sherry bottle from his hand, might be the solution? His eyes lit up, and he started a detailed (and obviously prepared) statement, which I attempted to hastily scribble down.

"First, get an organised, trustworthy and competent Bar staff, each of whom will work regularly: the last couple of years have seen standards drop considerably, and fewer and fewer staff have experience and seniority. The pay is good enough now, but a job on the Bar Staff must return to the status of being an honour, not a right to make money.

"Secondly, clear out everything behind the bar and give it a complete refurbishment. Reorganise the storage and create extra space by knocking into Miss Redsell's old room. Use this extra space to install racks for real ale: we may not be able to get a daily supply, but it should not be too expensive to make at least one barrel available on at least three nights of the week. Replace all the pipes, rationalise the gas, get two new tills that don't jam, and consider replacing – or thoroughly cleaning – the shutters. Make sure that some of the extra storage space enables barrels to be available for all the taps, so that the smaller part of the bar can be regularly used for serving.

"Get more glasses, but keep the plastics in reserve for Inflams and so on. If necessary, mark the glasses so that they can be identified if "borrowed" and the culprits held up to general odium. Consider getting some slightly better wines – like the Beaujolais, which is very palatable. The relative quality of the best wines has dropped a lot in the last few years, as the price limit has been stuck at around £2. Have a few little extras, like lemons to put into the G & T, and Worcester Sauce for tomato juice.

"Finally – and less palatably – consider a small increase in prices if we are losing money. It's just happened in most of the pubs. Not by much: but a couple of pence on the spirits and a penny on mixers would still leave them relatively cheap. The John Bull, John Courage and Lowenbrau may be on a fixed U.L.U. rate – although, if not, an increase of a couple of pence would be acceptable, though I think the Bull could be replaced by something potable. The other beers could go up by a similar amount – but not Guinness, which has gone up a lot recently. Above all, keep the place open – and the upstairs bar open instead if the downstairs is closed for alterations – otherwise you lose custom and cannot train your bar staff. Besides, the Bar is a meeting place, a cash dispensary (and it's high time the cheque limit went up to £7) as well as a place to have a quiet drink or two. Talking of which, old boy, where should we go?"

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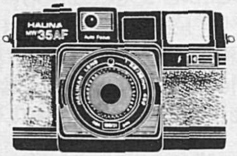

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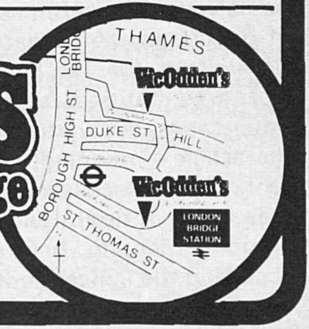

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Notice

Due to the recent change from hot metal printing to offset photolitho, mistakes due to poor quality copy are more difficult, and more expensive, to correct. We ask, therefore, for typed, double-spaced copy, on A4 sized paper, wherever possible, so that the copy is legible and has room for editorial corrections. All such typed copy can be received up to the Monday after our official Friday copy date – all material being sent to the printers on that Monday evening, after an editorial meeting.

If – as is usually the case for clubs and societies – a typewriter is not available, we can arrange typing before our editorial meeting, but *only* if the article is received in good time. Furthermore, all hand-written copy must be written upon A4 lined paper, with margins left at *both* sides of the page, and using only *every other line.* If these simple rules are not followed, our typist cannot be expected to spend hours trying to decipher an illegible manuscript, and the copy will have to be returned to the author for re-writing, thus causing unnecessary delay and, possibly, missing the copy date deadline.

For all feature articles with references, the Vancouver style of presentation is preferred, although subdivision of the article into an Abstract, Introduction etc., is not required. Photographs should preferably be black and white prints, although black and white slides or negatives are usable. Colour prints can be used, but under the new printing process, may not be as clear when reproduced. Colour slides are now too expensive to reproduce.

In all cases,please include a name and an address or telephone number where you can be found should any problems arise. Even if you wish to write under an assumed name, the Editor must know your real name, otherwise the material cannot be published. It is emphasised that any unsolicited material sent to the *Gazette* is published only at the Editor's discretion, and in no case can the submission of material be regarded as giving automatic right of publication. Any material that the Editor or the Chairman of the Gazette Committee (or his nominee) deems libellous, or liable to infringe the *Gazette*'s status as a registered charity, will not be published. Whilst, in all other cases, every attempt is made to minimise changes and never to change the article's meaning, the Editor reserves the right to make such alterations as he feels necessary before publication: if these are considerable, every reasonable attempt will be made to consult the author at or before the first proofing meeting, held on the first Friday after the copy date; publication occurring the subsequent Friday.

News in Brief

Professor J. Joseph

Congratulations to Professor Jack Joseph on being appointed Professor *Emeritus* to the University of London after his recent retirement as head of the Anatomy Department.

Professor M. Berry

Our heartiest welcome to Professor Martin Berry upon his appointment as Professor and head of the Anatomy Department, following the retirement of Professor Joseph. Professor Berry was previously Reader in Anatomy at the University of Birmingham.

Major General N. G. Kirby

A belated welcome also to Major General Norman Kirby, who has been appointed Consultant in charge of the Accident and Emergency Department upon the retirement of Major General Norman Rogers.

Professor Lessof's move to Lewisham

From Monday, 29th November, Professor Maurice Lessof transferred his clinical work to Lewisham Hospital, and his place at Guy's has been taken by Dr. J. S. Staffurth. This will be a straight swap of responsibility for beds and clinics, with the exception of the Allergy Clinic at Guy's, which Professor Lessof will continue to run. The medical firm concerned will in future be known as the Staffurth/Keen/Dowling/Sladen firm.

Dr. J. C. Bulstrode

Our heartiest congratulations to Dr. John Bulstrode on his election as a Jurat of the Royal Court of Jersey, shortly after his retirement from thirty years of service to the island, as consultant Radiologist. This post is one of the greatest honours that the island can bestow: another Guy's man, Dr. R. B. Sutcliffe, was similarly honoured some years ago.

Dr. H. S. Reeve

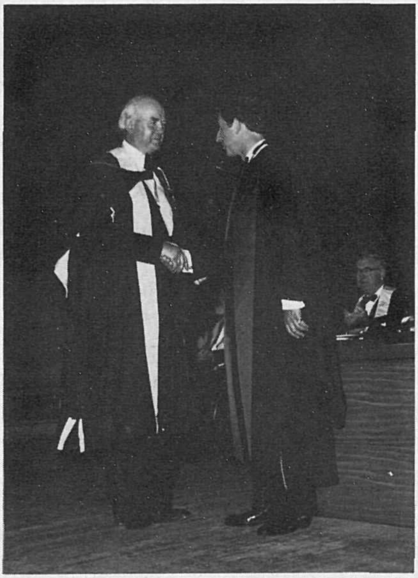
Congratulations to Dr. H. S. Reeve on his success in the MSc examination of occupational medicine. Howard Reeve, who is medical officer to Goldsmiths' College, trusts that this may encourage others to take the plunge – especially as he qualified thirty years ago, and is of a generation sometimes considered to be past such endeavours!

Dr. W. van't Hoff

Our heartiest congratulations to Dr. W. van't Hoff, Consultant Physician at the North Staffordshire Hospital in Stoke, upon his appointment as President of the Section of Endocrinology of the Royal Society of Medicine.

Dr. Mervyn Rosser

Congratulations to Dr. Mervyn Rosser, Chairman of the Lambeth and Southwark division of the British Medical Association, upon his election to the Roll of Fellows of the B.M.A. He was presented with the honour last summer in the Royal Festival Hall by the president of the B.M.A., Prince Charles. Lambeth and Southwark, which covers both Guy's and St. Thomas's Hospitals, has more members than any other division of the B.M.A., comprising some 1,500 doctors.



Dental Society

The Dental Society is holding the following meetings in the Tower Lecture Theatre at 5.15 p.m. Tea will be served in the foyer at 4.45 p.m.

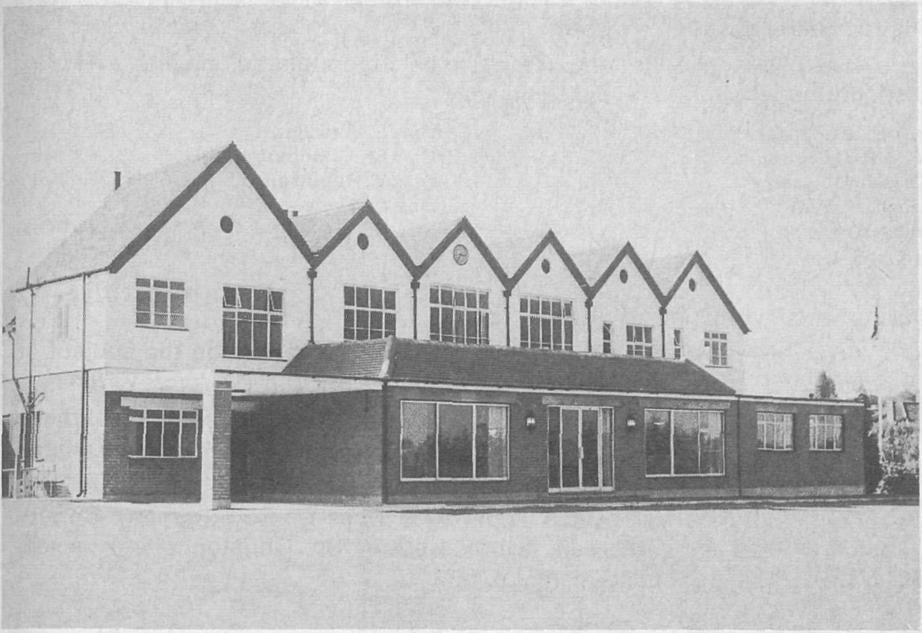
Monday, 10th January

Report on recent student electives.

Monday, 24th January

New Facts – a talk on aspects of Orthognathic surgery by Mr. M. D. Awty, F.D.S., M.R.C.S., L.R.C.P.

Do not forget that Clinical Day, 1983, is to be held on Saturday, 5th March, followed by the Dental Ball in the Café Royal.



H.O.P. Pavilion

As can be seen in the photograph, the pavilion at Honor Oak Park has benefited greatly from the painting of the upper storey pebble-dashing. Less *noticeable has been the replacement of many of the old windows, several of* which were starting to rot quite badly. In recent years, H.O.P. has consistently been one of the most used grounds in the University of London, and the improvements over the last two years – especially the Greenhalgh Room extension – should enable it to maintain this service, with greater comfort to all concerned.

407 Art Club

The next meeting will be held in the Seminar Room, on floor 17 of the Tower, for the week starting Monday, 10th January. It will feature several artists in several mediums, including pottery by Roy Spector; lino cuts by Matteo Adinolfi; watercolours by Terry Gibson, and oil paintings by Sidney Leibowitz.

London Medical Group

A symposium on the subject of *"Social Work: profession or hobby?"* is to be held at Guy's on Thursday, January 20th at 5.45 pm. The meeting will be chaired by Professor Maurice Lessof, and speakers include Dr. Colin Brewer from the Community Alcohol Treatment Service at the Westminster Hospital, and Miss Janet Mattinson, of the Institute of Marital Studies.

This month's cover

This month's cover comes from the *Gazette* of January 7th, 1911, and is another example of the work of Ralph Wingent.

Distinction for Student Nurses

The following student nurses are to be congratulated on being awarded Distinctions for their final-year projects:

- Miss L. Chevassut
- Miss B. Cummings
- Miss C. Davison
- Miss E. Doyle
- Miss J. Harden
- Miss L. Wratten
- Miss M. C. Robertson
- Miss V. Robinson
- Miss C. Slade

Care of the Dying

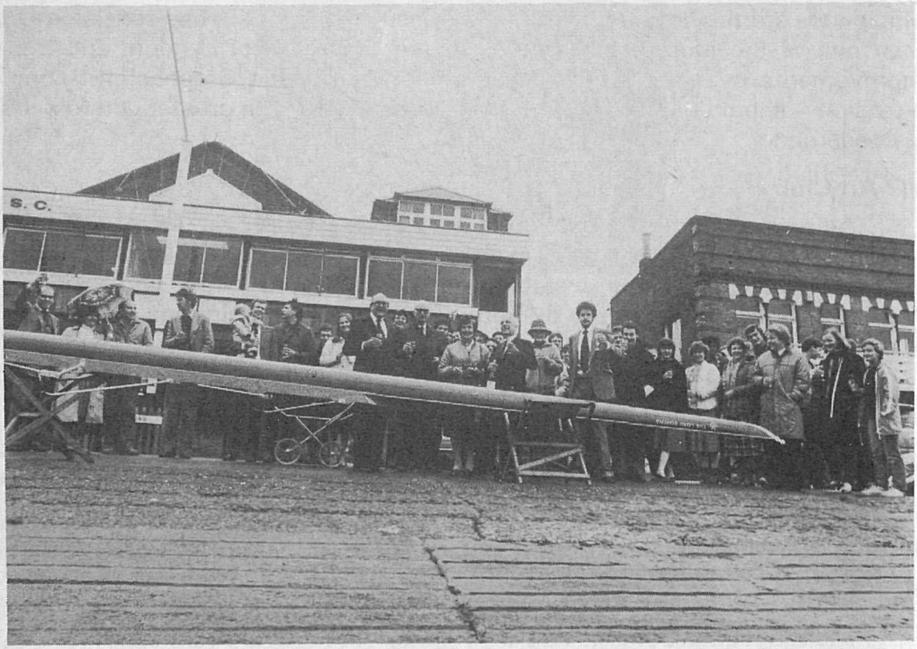
A day symposium for medical students is being held on the subject of *"Teaching of Terminal Care and Bereavement – How Can We Improve It?".*

A meeting will be held to which all senior medical students are cordially invited to apply for places, on 27th January, 1983 at St. Christopher's Hospice Study Centre, Lawrie Park Road, Sydenham, S.E.26.

For further details please apply to – Miss D. H. Summers, Deputy Director of Studies (External), Study Centre, St. Christopher's Hospice, 51–53 Lawrie Park Road, Sydenham, SE26 6DZ.

The Lord Robens

A second picture of the launching of the Lord Robens at Putney in October. (See p.372 of last month's *Gazette.*)



Gazette Caption Competition

The Stephen Duckworth Appeal Fund

The fund's total income has now exceeded £34,000, and this figure should be substantially increased when the money generated by the B.M.A. appeal is received later this month. A more complete analysis of progress so far, together with the updated list of contributors, will appear in the next issue. Meanwhile, the Fund remains open: please make cheques payable to Guy's Hospital Medical School (Stephen Duckworth Appeal fund).

Catholic Society

On Thursday, 9th December, a bible study will be held at 5.35 p.m. in the Reading Room, Boland House, following the 5 o'clock Mass in the Chapel.

National Board Elections

About twenty thousand nurses, midwives and health visitors have entered the electoral roll for the National Board elections next spring. The roll is still open, and this is a reminder that to be able to vote you must "opt-in" before next March.

Rick

Greetings to "Rick", our new graphic artist. His first caricature appears on p.443.

Carol Service

The Carol Service will be held in the Hospital Chapel on Wednesday, 15th December, from 5.45 to 6.45 p.m. All patients and staff are welcome.

DATES FROM THE MEDICAL DIARY

December

Mon. 6—Examinations for the M.B. B.Chir. (Cambridge) may begin this week.
Mon. 13—Basic Medical Sciences examinations (1st term) begin.
Fri. 17—WINTER TERM ENDS.
Mon. 27—Bank Holiday.
Tues. 28—Bank Holiday.

January, 1983

Mon. 3—Bank Holiday.
Wed. 5—Essay title for TJ Evans Prize will be announced.
Mon. 10—SPRING TERM BEGINS.
Fri. 14—Schedules for the Final Conjoint Examination in March must be left in the Medical School Office not later than this date.

DATES FROM THE DENTAL DIARY

December

Mon. 6—Applications close for the Final L.D.S. Examination, Parts I and III.
Fri. 17—WINTER TERM ENDS.
Mon. 27— Bank
Tues. 28— Holidays

January 1983

Mon. 3—BANK HOLIDAY.
Tues. 4—STUDENTS BEGINNING THE CLINICAL PERIOD OF STUDY COMMENCE WORK.
Wed. 5—T. J. Evans Prize Essay Title will be announced (Open to all Medical and Dental Students)
Mon. 10—SPRING TERM BEGINS.
Mon. 17—Final L.D.S. Examination Part I begins.
Mon. 17—Entry forms for the Final L.D.S. Examination, Part II (Dental Prosthetics) (obtainable from the Medical School Office) must be left in the Medical School Office not later than this date.
Tues. 25—Final L.D.S. Examination, Part III begins.

Obituary

Sir Alan Parks

Alan Guyatt Parks was one of the truly great men of surgery. He was well into his final year as President of the Royal College of Surgeons of England when he died, on November 3rd, of a heart attack.

He was born on 19 December, 1920, and went as a Scholar to Epsom College where he became Head Boy. He won an exhibition to Brasenose College, Oxford, where he was captain of athletics and represented the University at rugby. He passed the primary F.R.C.S. in 1942 and the following year was due to start his clinical training at Guy's. Instead, he accepted an invitation to the Johns Hopkins University Medical School as a Rockefeller student. After graduating M.D. in 1947 and completing an internship, he went to Guy's and took his B.M., B.Ch. Six months later, he passed the M.R.C.P. while he was a casualty officer (known at Guy's in those days as an outpatient officer). After working as a House Surgeon to Sir Heneage Ogilvie, Hedley Atkins and Guy Blackburn, he became a Research Assistant in the Department of Surgery, and passed his F.R.C.S. During this time of research, his genius in academic surgery emerged and his study of thick sections of breast formed the basis later of a Hunterian Professorship of the Royal College of Surgeons. As a Captain in the R.A.M.C. for two years, he served in Japan, Korea and Malaya.

In the 1950's, the approach to a surgical career at Guy's lay through Putney Hospital, known as *"the other hospital to which we go"*. Accordingly, Alan spent a year there as a Resident Surgical Officer before returning to Guy's in 1953 as Registrar and Senior Registrar. He obtained his MCh the following year for the design of a new, relatively painless haemorrhoidectomy which the students soon called Parks' Patent Painless Proctoplasty.

At this time, he was invited by a Senior Surgeon to carry out this operation on several patients at St Elsewhere's Hospital. After the surgeon had observed the smooth convalescence of his patients, he invited Alan to return to yet another haemorrhoidectomy, this time on himself.

The students were quick to realise that here was a giant man in every way. His teaching ward rounds were lucid, brilliant, and fun, and his expertise and caring attitude to patients were a delight to see. He would never hesitate to say that he did not know the answer to a question and never poured scorn on students ideas, however simple or naive. He was an easy person to get to know and enjoyed the company of students not only in the ward but also relaxing over the dinners on the Saturday take-in. These dinners tended to be rather rowdy from time to time, but it did not stop him bringing in a clerical friend or two, which caused quite a stir when their identity was revealed. Outside medicine, his interests were wide and he tried to interest his students in his enthusiasm for natural history, philosophy, and his own deep Christian faith. Once a month he would entertain ten or twenty students at home and his intellectually robust grasp of Christian faith and ethics equipped him well to help many a student struggling in uncertain waters. One always knew when he was having lunch with his colleagues from the roars of laughter, echoing in the "Spit".

In the 1950's, Guy's was still struggling with the problems of establishing professorial academic units in surgery and medicine, and Alan left before they could be established. This was a tragedy for Guy's which could ill afford to lose a man of such eminence.

He soon established himself on the staff of St Mark's Hospital and later the London Hospital, and pursued outstanding research into the pathophysiology of the pelvic musculature which was soon recognised throughout the world. His research was always fired by the need to solve the clinical problems with which he was confronted. Hence his invention of operations to deal with fistulae in ano, faecal incontinence and low rectal anastomoses through the anal canal. Many of these operations were difficult to perform, but were facilitated with the beautiful instruments that he himself designed. In the mid-70's, he was confronted by several patients who needed a total proctocolectomy for ulcerative colitis, but resolutely refused an ileostomy. It was this that led him to fashion a pouch out of ileum which he then anastomosed to the top of the anal canal.

Many honours were given him for his brilliant and innovative work. Perhaps the greatest honour he received was the Ernst Jung Prize in 1980 for his unique contributions to colorectal surgery and physiology. The following year, he was awarded the Nessim Habif Prize of the University of Geneva, and this year the Cecil Joll Prize of the Royal College of Surgeons. He received Honorary Fellowships from the American, Australian, Canadian, Edinburgh and Glasgow Colleges of Surgeons, and many others besides.

He had greatness thrust upon him in the medical and political world when he was persuaded, reluctantly, to stand for election to the Council of the Royal College of Surgeons. His talents in this field were soon recognised and he gave unstintingly to the College. He became a Member of the Joint Consultants Committee, was its Chairman from 1974–79, and received a Knighthood for his work in 1977. His integrity, sense of humour, and refusal to be bogged down in irrelevant detail made him a popular Chairman of many committees.

He married Dr Caroline Cranston in 1956, and is survived by her and one daughter and three sons, one of whom is a medical student. Caroline was an ideal companion for him, and shared the ardours of high office with wit and charm.

We salute the memory of one of the greatest of Guy's men.

I. McC.

Professor George Eric Henry Foxon

Friends will be sad to learn of the death of Eric Foxon, *Emeritus* Professor of Biology and lately Head of the Biology Department at Guy's Medical School, on 16th November, at the age of 74. He was by birth and upbringing a Londoner, attending King's College School, Wimbledon, where he came under the influence of a remarkable teacher of biology, W. B. Barker, and turned towards a career in zoology. At Queens', Cambridge, he read Zoology, and gained a First in the Part II Natural Science Tripos in 1931. He had by this time developed an interest in planktonic crustacea, and intended to study these at the Natural History Museum where he was offered a post, but this hope was terminated by government spending cuts, and he moved instead to an appointment at the University of Glasgow where he worked as Assistant to the Regius Professor of Zoology, Sir Graham Kerr, from 1932 to 1937. In this post, he continued his research into plankton, and carried out various teaching duties including those in the premedical course, moving eventually in 1937 to a teaching post in the University of Wales at Cardiff; here he became interested in the research for which he is best known, the study of vertebrate circulatory systems, being awarded an M.Sc. in 1943 for his early investigations. Eric Foxon devised various ingenious methods for the cine radiography of small animals, and made valuable contributions to comparative physiology and anatomy of their hearts as well as their respiratory systems – work which he continued when he was appointed Reader in Biology and Head of the Biology Department at Guy's Medical School in 1948. He rapidly became an international authority in his field of research, publishing numerous papers, amongst which is a contribution on circulatory systems in the current *Encyclopaedia Britannica*. In his post at Guy's, he consolidated the premedical and predental course, and guided the Department's teaching into other biomedical areas, including the postgraduate radiation biology course. His interests in cineradiography and abilities in committee led to his work for the British Universities Film Council, of which he was twice Chairman, and his wide experience with students fitted him for his labours as Chairman of the Medical Students' advisory selection committee from 1965–70, and as a member of the Board of Governors of the school from 1970–1972.

Because of ill health, he retired early from the Medical School, in 1972, but continued to take an active interest in Guy's, as a Governor for some years, from his home at Ashtead in Surrey.

Eric Foxon's scholarly passion for zoology will be remembered by many, and was infectious to his staff and students; he was a great supporter of worthwhile causes, and was a lifelong Fellow of the Linnean and Zoological Societies, as well as a Fellow of the Institute of Biology. Always a somewhat reticent person who disliked displays of unnecessary showmanship, or of insincerity, he believed and practised the virtues of honesty and integrity in personal and professional life; his cheerful, fatherly interest in the welfare of those around him, and his ready sense of humour were a great force for good in this Medical School and beyond; scattered around the world are many who

have cause to thank him, and who will wish to join with us in sympathy for his wife and family.

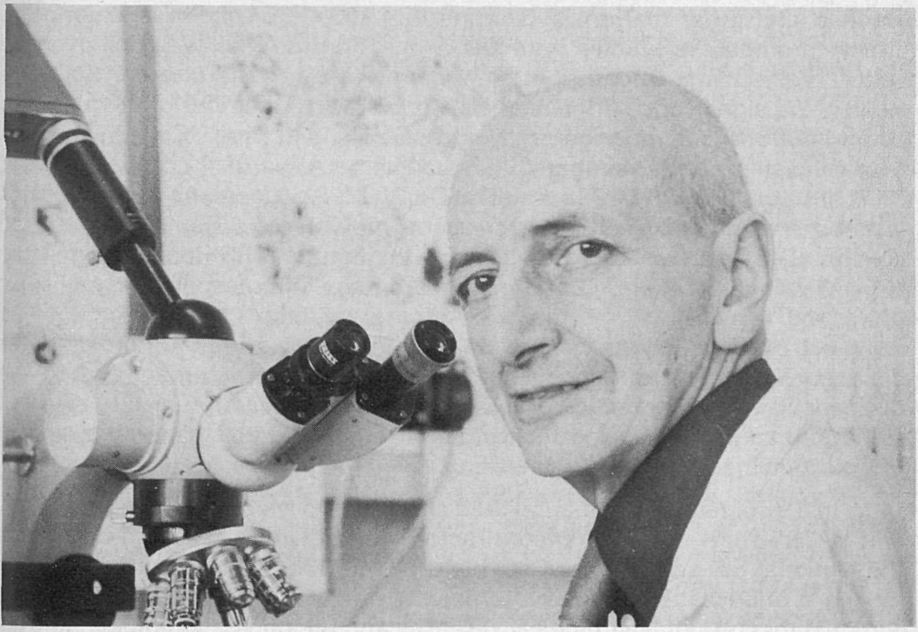
L.H.B.

Appreciation

Paul E. Polani

Since 1960, Professor Paul Polani has been the Prince Philip Professor of Paediatric Research (since 1979, Emeritus Professor), in the University of London. He is Director of the Paediatric Research Unit, Guy's Hospital Medical School; Director of the South East Thames Regional Genetics Centre; honorary director of the supra regional laboratory for genetic enzyme defects, which is incorporated into the Unit; geneticist to Guy's Hospital, and Honorary Consultant Paediatrician.

Born in Trieste, Italy, he majored in classics, and, having entered Biology, moved on to Medicine, first at Siena, with a *Monte de'Paschi* scholarship, and then in Pisa, as a Scholar of the Collegio Nazionale *Medico* of the *Scuola Normale Superiore.* He obtained his medical degree from the University of Pisa, and an MD(Hons.) degree as an internal student of the Institute of Physiology of the University, his thesis being on the chemical transmitters within the nervous system. He came to England just before the Second World War, and registered with the Royal Postgraduate Medical School, in London, to pursue his postgraduate studies. The outbreak of war,



however, prevented the continuation of his work there. During the war years, he first served as a ship's surgeon, and then became a senior resident medical and surgical officer in charge of the Evelina Children's Hospital in London, where he completed his training. When the Evelina became integrated into the Department of Paediatrics, Guy's Hospital, he became a recognised teacher in the University of London. In 1948, he was appointed a National Birthday Trust Research Fellow, at Guy's Hospital Medical School. Having completed clinical work on rhesus kernicterus, he engaged in experimental work on kernicterus, while at the same time pursuing aetiological and genetic studies of different types of congenital heart disease. This work was done in collaboration with Dr. Maurice Campbell, and was continued later, when he was appointed Assistant Director of the Department of Paediatrics. [At this time, Guy's was the main centre for the study of congenital heart disease, because of the interests of Mr. (later Lord) Brock and Dr. Campbell, at Guy's, and their close association with Dr. Taussig and Dr. Blalock, of the Johns Hopkins School of Medicine, Baltimore]. In 1948, he resumed his study of genetics, which he had commenced as a biology student, at Siena, and which had interested him throughout his medical training. During the two years that he was a National Birthday Trust Research Fellow, he was seconded to work part-time at the Galton Laboratory, University College, London, with Professor L. S. Penrose F.R.S. He had now become interested, through his studies on coarctation of the aorta, in Turner's syndrome, and planned to investigate its origin by colour vision studies, and, in the interim, by nuclear (Barr body) sexing. This work led him to become interested in sex determination in man. Parallel work on Klinefelter's syndrome strengthened this interest, as well as his ideas on sex determination in mammals, which he felt might well be different from that in *Drosophila*, the then accepted model for man and other mammals. Starting in 1953–1954, he was attempting direct chromosome studies with Dr. G. A. Thomas, who was doing tissue culture work in the Department of Anatomy at Guy's; he also continued to explore the significance of nuclear sexing. He was a member of the planning committee of the Symposium on Nuclear Sex held at King's College Hospital Medical School in September 1957, under the aegis of the Department of Clinical Pathology (Dr. D. R. Smith and Dr. W. M. Davidson). As a result of this symposium, and in pursuit of his chromosomal interests, Paul Polani started collaborative work with Dr. Charles Ford (then at the MRC Radiobiology Unit, Harwell). This resulted, firstly, in studies on sex chromosome anomalies in Man (and especially on Turner's syndrome), in late 1958, which fulfilled some of the predictions he had made. The work with Dr. Ford and his colleagues also led to finding chromosome mosaicism in man, and to the discovery of translocation Down's syndrome (mongolism), which turned out to be particularly relevant to the origin of familial Down's syndrome, and to the practicalities of genetic counselling.

In 1955, he had been appointed a research physician on cerebral palsy, and in 1958, he was appointed director of the medical research section of the National Spastics Society, at Guy's. In 1959, he was seconded to work for the World Health Organization regional office of Europe, and later at the National Institute of Neurological Diseases and Blindness, National Institutes of Health, Bethesda, Maryland, as a consultant on developmental anomalies and pregnancy wastage. In 1960, he was appointed to the Prince Philip Chair of Paediatric Research, in the University of London, at Guy's Hospital Medical School, and established there a multi-disciplinary Unit, at first in temporary accommodation, and finally in Guy's Tower, in the Prince Philip Research Laboratories. He set up the first regional genetic counselling centre, based in the Unit, together with its ancillary laboratory facilities for chromosomal and biochemical work, which was later to include facilities for the prenatal detection of neural tube defects. During these years, he continued his work and studies on chromosome anomalies.

In 1973, Professor Polani was elected a Fellow of the Royal Society of London, in recognition of his contribution to the discovery and study of human chromosome anomalies, and his role in establishing the mechanism of sex determination in man.

His research interests are in human cytogenetics and genetics generally, and in chromosome abnormalities as causes of congenital malformations, of disturbances of sex development, and of neurological disorders.

His present work is mostly on mammalian meiosis. Recently, he has completed the development of an *in vitro/in vivo* technique for the experimental study of female mammalian meiosis, in the mouse, and has applied it to the detailed study of recombination at the chromosomal level, to the testing of hypotheses concerning the origin of chromosome non-disjunction, and to other topics relevant to meiosis generally, and its control. He retains an interest in sex determination, and is involved in work on X chromosome inactivation and on the H-Y antigen.

He is a member of a group which meets to explore ethical aspects of medical practice and research work, and the first deliberations of this group are to be published shortly, as a joint discussion of the problems relating to consent in medicine. He has published over 300 scientic papers, reviews, and contributions to books, monographs, guidelines and so on.

Professor Polani is a member of many medical and scientific societies, both in the United Kingdom and overseas. Until recently he was a member of the Medical Research Council's Cell Biology and Disorders Board, and of the M.R.C./Cancer Research Campaign Board for jointly supported Institutes. He has held office as Chairman of the Board of Studies in Genetics of the University of London, and as Chairman of the Clinical Genetics Society of Great Britain. At present, he is Chairman of the Department of Health and Social Security's Committee on the mutagenicity of chemicals in food, consumer products and the environment, and is a British representative on the standing working group on medical biology, an E.E.C. organization. He has recently been elected President of the Association of Clinical Cytogeneticists, and is Visiting Professor of human genetics and development, at the College of Physicians and Surgeons, Columbia University, New York. Finally, he is a member and foreign assessor of the scientific council of the *Centro di Genetica Evoluzionistica*, in Rome. He is an honorary member of several Italian learned societies, and in 1981 he was made a *Commendatore* of the Order of Merit of the Republic of Italy. **M. A.**

Clubs' Union News

It is at this stage in the game that a president who is also at the 4th/Final year stage appreciates his colleagues on Council. Since Freshers' Week, I have been hibernating in Camberwell with frequent sorties to the Path. Classroom and a more occasional sortie into Boland House. The team has kept on functioning regardless and has organised a number of events which, by all reports, have been extremely successful. Most Clubs' Union events this term have had some kind of alcoholic promotion, thanks to the Social Secretary, Sarah Wollaston. Sarah is still sane, despite the imminent Snowflake Ball, although she could do with more of the help that so many people promised her only a few weeks ago.

I noticed in the *Gazette* last month that Bore is back with a wealth of misinformed comment concerning a lot of things he knows nothing about. If he wishes to have points of information confirmed perhaps he should ask one of the people who sits on council to enlighten him, assuming of course he is a Clubs' Union member. *(Bore replies: p.441 – Eds.)*

A word of Warning

Christmas is coming and the boys of the neighbourhood will be out looking for presents for themselves and their friends. Make sure your bicycle is not one of them. I already know of one first year who lost her bike because of an inadequate chain; this was despite repeated warnings too. The only safe locks are Citadel or Kryptonite. Make sure you lock your bike TO something and make sure that it will not get in anyone's way.

Bikes are not all that thieves will be after this Christmas season; lockers will be broken into more frequently as well – so do not leave anything of value in your locker.

In two weeks, I shall be on the other side of the world, about as far away from Guy's as I can get without coming back. Whilst on elective, Simon Ward will be holding the fort.

May I wish all of you a joyful Christmas.

Lawrence Maule

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two issues are January 21st and February 11th.

Copy may be sent to us at Mary Sheridan House, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers. When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

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Dental Notes

by A. D. Robinson

Dining Out

Having recently been entertained to dinner by a group of students, I am stirred to comment. Over a long period I have been fortunate enough to attend a good many of these "firm" dinners. In my very early days as a young dental teacher, they were all-male parties as Guy's was still an all-male school. It must be admitted that they were sometimes rather rowdy. The scene gradually changed, undoubtedly as a result of the civilising influence of a steadily increasing proportion of women students. The parties we have nowadays are lively but dignified. I don't think that this is just in deference to my age, it is a reflection of the social maturity of our dental students. On these occasions we find out about each other and we put the world to rights. We visit new and interesting eating places. May this pleasant and valuable custom continue to flourish.

Occlusion

I must just mention a meeting I attended recently in the Guy's Tower Lecture Theatre, although it is no part of my brief to report meetings of the British Society for Restorative Dentistry. The intention of the organisers was, doubtless, to make it different from the run of the mill dental scientific meeting. They had set up a debate, the motion being that: *"Occlusion benefits the dentist more than the patient."*

There was a light-hearted approach to this subject, starting with a telephone call to the lecture theatre for a member of the audience. References were made to pseudo-science, to fervour without facts, to the orthodontist whose end result is an aesthetic malocclusion and to the prosthetist who is pleased to find patients who have no occlusion at all. There was the story of the full denture wearer coming to the surgery with his dentures in upside down, and comment by one person from the floor that he was prepared to get up and support the speaker, but he hoped he wouldn't be expected this time to carry him home. One contributor thought that after a recent television programme, he could consider specialising in pre-natal orthodontics and so on . . .

I have no doubt that for presentation and wit, the votes should have gone to the proposers of the motion. Dr. John Besford's opening speech was the highspot of the evening. Unfortunately, one might say, there are those who take the matter seriously.

The pre-debate vote was: For 39%; Against 44%; Abstentions 171.

The post-debate vote was: For 39%; Against 59%: Abstentions 2%.

which probably states statistically what one speaker from the floor remarked: *"Sometimes it matters, sometimes it doesn't".*

The Opening of Elizabeth Newcomen House

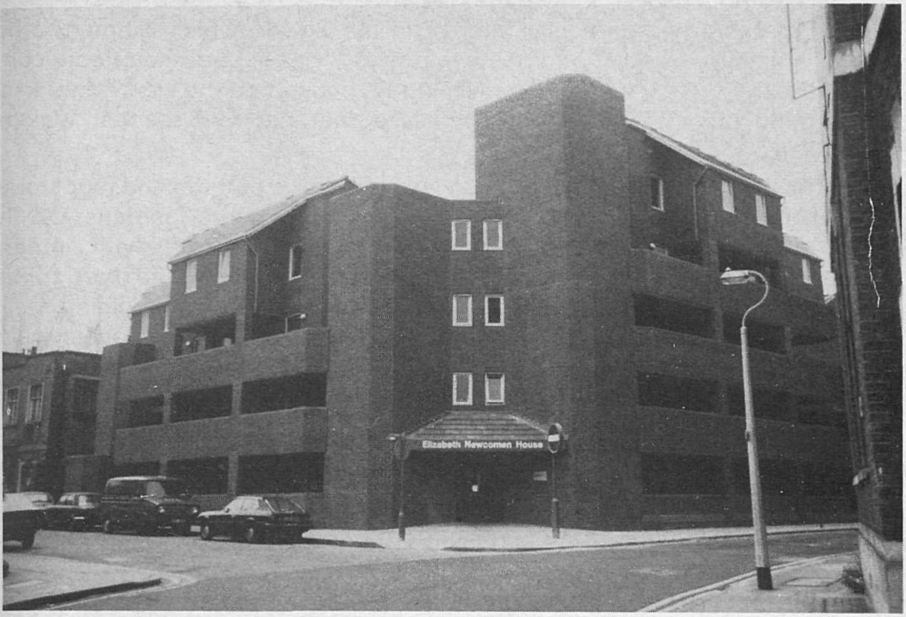
Reported by Our Special Correspondent

Elizabeth Newcomen House, at the junction of Snowfields, Newcomen Street and Crosby Row, stands on the site of the Elizabeth Newcomen School, which was purchased by the Special Trustees after lying derelict for several years. (See *Guy's Hospital Gazette,* Vol. 95, 1980, p.287.) The new building contains residential accommodation for eighty people, offering a substantial increase in on-site accommodation, which more than replaces the old married quarters on St. Thomas's Street, which are now included in the Chesterfield Redevelopment.

The building was officially opened on Tuesday, 23rd November, by Her Royal Highness Princess Alexandra, who unveiled a commemorative plaque in the lobby. Later, Princess Alexandra had time for a tour of the building, seeing each of the three flat designs. At a reception in the Nurses' Home after the tour, Her Royal Highness spoke with several of the tenants, as well as the Special Trustees, some hospital administrative staff and others. Princess

ELIZABETH
Her Royal Highness Princess Al
on 23rd November, 1982

Princess Alexandra being presented with a bouquet after unveiling the commemorative plaque.


Elizabeth Newcomen House

Above: Elizabeth Newcomen House, viewed from the Outpatients end of Great Maze Pond.
Below: a view from the inner courtyard.

Alexandra expressed particular interest in the Tower, which seemed rather tall for a hospital building: on being informed that the upper ten floors comprised the Dental School, Her Royal Highness hoped that the view might keep one's mind off the drill – but confessed that her own dentist was an Australian.

The new development is formed in three blocks of three and four stories around a central south-facing courtyard, with ornamental gardens. On the ground floor there are twenty single-person bed-sitters, with integral kitchenettes and separate bathroom. On the first floor, and part of the second, are nine four-person flats, each consisting of a kitchen/dining room, bathroom, w.c. and four separate bedrooms. The upper floors house twelve two-storey maisonettes – designed primarily for married house officers – offering a hall, living room/dining room with balcony, kitchen, double and single bedrooms, bathroom/w.c. and storage.

Guy's in Wartime

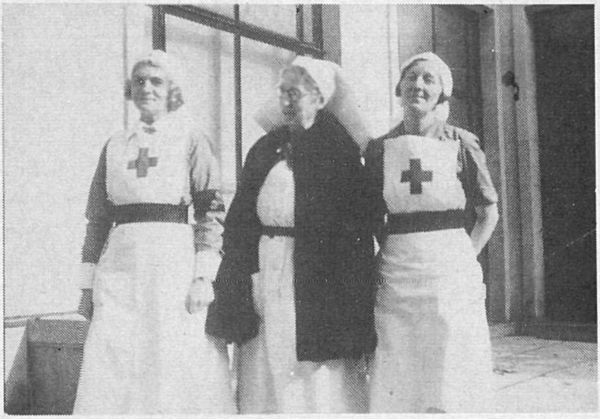
by Peter Williamson

Nurse Violet King had many difficult nights on duty in Guy's Hospital First-Aid Post, for there were heavy Blitz-raids on London every single night for the four months September-December 1940, with the exception of the night of the attack on Coventry.

Sometimes elderly or middle-aged vagrants would be brought into Guy's, distressed and bewildered by these heavy raids which had destroyed their way of life. Nurse King and other Red Cross V.A.D.s would wash them, give them tea and corned-beef sandwiches and would also trim the nails of their hands and toes. *'It's their feet that I dread',* she would say to me.

When she returned home to Chelsea – near Lots Road Power-Station, a much-attacked area by the Thames – she was exhausted; sometimes, on her night off, bombs (or a "stick" of 9 bombs) would fall near our flat, and she would rush to the aid of casualties. On one of those nights there were 300 "Incidents" in that Borough.

On one such night, by the light of a Bombers' Moon (our name for a full moon), I (her son) was out on Civil Defence duty locally when a very large-calibre H.E. bomb exploded in Limerston Street, near our flat. It made the harsh tearing noise which we all recognised as a hit or a near-miss; it was not the usual long-drawn whistle (followed by explosion and falling masonry), but a rushing, crashing sound like a sack of coal being emptied. (In the early part of the first year of peace, 1945/46, many of us instinctively ducked whenever we heard that noise, even though it was made by the coalman; sometimes, too, our stomachs turned over when we heard the first whine of a car's gears as it moved off – so like the first stirring of a warning siren!)



From L. to R.: Nurse Maden, Sister Cahill, Nurse King, at Guy's Hospital 1940

At the first free moment after this huge explosion, I rushed back to see whether my mother was still alive, and whether she was a casualty. There in the light of the full-moon, bombs still falling, was Nurse King, off-duty V.A.D. from Guy's . . . just over 5 feet tall, born June 1882 and now 58 years old; she was carrying one end of a stretcher, with a heavy man on it, to an ambulance. You couldn't beat Guy's wartime training!

Much later on in the war, Nurse King was for a time a V.A.D. in an emergency military hospital in a rural evacuation area. In this hospital, soldiers would sometimes tell her, in her ward in the small hours of the night, how they had been wounded.

One man, weeping bitterly, told her that he could not get out of his mind the death of his friend, driver of his tank, burned alive after a direct hit. This type of tank, when on fire, only offered escape through one large internal port-hole to it's interior, thence out through a steel hatch in the upper part. Because of this construction, it was impossible for the driver to escape until the man beside him had moved out. Nurse King, Guy's trained, knew just how important it was for him to vent his distress quietly to an understanding listener. She was able to reassure him that he was in no way to blame. However, she was no longer at Guy's and next day she was reprimanded for "allowing a patient to talk" to her during this quiet period of the night. "Not permitted – even in war-time" she was told.

Later in the war, she became an official lecturer for the Forces Education scheme; she had to travel through flying-bombs and rockets (V2's) to deliver lectures, once lying flat in Victoria Station as a V1 exploded.

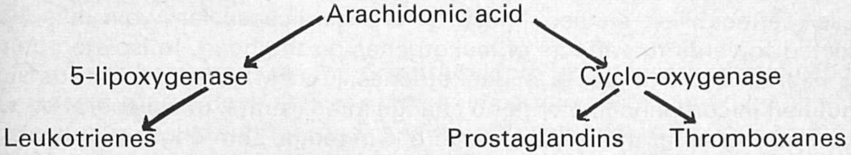
International Rugby Festival
Team photographs

Above: Public School Wanderers International XV
Below: International Medics XV

The Biological Actions of Leukotrienes

by **D. L. Newman**

The 1982 Nobel Prize for Medicine has recently been awarded to Drs. Bergstrom, Samuelsson and Vane for their work on prostaglandins. This has highlighted the importance of the prostaglandins and related biologically active substances.



Metabolic pathway of arachidonic acid

The prostaglandins are the products of the cyclo-oxygenase pathway of arachidonic acid metabolism and have received extensive investigation over the past several years. This work has demonstrated their involvement in a number of human disorders such as heart disease, arthritis, asthma and high blood pressure. Only recently has the importance of another pathway, the 5-lipoxygenase pathway, been realised. The products of this pathway include the leukotrienes: LTB4, LTC4, LTD4, and LTE4. The latter three compounds make up what is known as SRS-A, or Slow Reacting Substance of Anaphylaxis, an important mediator of hypersensitivity responses that cause slow contractions of smooth muscle during allergic reactions. It was first isolated in the perfusate of guinea pig lung following treatment with cobra venom. Since then, synthetic production of the leukotrienes has greatly accelerated the studies of their biological actions.

LTB4 causes leukocyte adhesion and is one of the most potent chemotactic agents known, active at 10^{-11} M. This indicates that leukotrienes might be important mediators in certain host defence mechanisms, such as immediate hypersensitivity reactions and acute inflammation. In this connection, it is interesting to note that anti-inflammatory steroids prevent the release of arachidonic acid, whereas cyclo-oxygenase inhibitors, such as aspirin, block the transformation of this acid into prostaglandins and thromboxanes. By inhibiting arachidonic acid release, steroids prevent formation of not only prostaglandins and thromboxanes, but also leukotrienes. This inhibition of leukotriene formation might be responsible for some of the therapeutic effects of steroids which are not shared by aspirin-type drugs.

To date, studies of the biological activities of the leukotrienes contained in SRS-A have been largely directed towards their pulmonary and cardiovascular effects.

The SRS-A leukotrienes have been shown to be potent constrictors of airways, particularly the small peripheral airways of the lungs. In normal volunteers, aerosol inhalation of small quantities of LTC4 caused a large reduction in pulmonary compliance and an increase in airway resistance. The sensitivity of the contraction response to LTC4 was several orders of magnitude higher than with histamine; leukotrienes are believed to be important in bronchial asthma. SRS-A has been detected in the sputum of asthmatics, and the relative ineffectiveness of anti-histamines in the treatment suggests that other mediators may be involved.

The cardiovascular effects of leukotrienes are not yet clear. There have been reports of both LTC4 and LTD4 increasing vascular permeability in the skin and being more active than histamine by a factor of 5000. Apart from these permeability studies, most of the cardiovascular work has been directed towards the effects of leukotrienes on the heart. In isolated guinea pig hearts, small amounts of leukotrienes (10^{-8}M) produced a sustained reduction in coronary flow with no change in heart rate. In collaboration with pharmacologists at the Royal College of Surgeons, I am engaged in work on the cardiovascular actions of leukotrienes *in vivo*. Guy's is fortunate in having excellent animal operating facilities, and this, together with the specialised cardiovascular equipment and expertise possessed by the Physics Department, has led to a joint programme to study the action of leukotrienes on the heart. To date, the dose responses have been obtained in two species: the dog and the pig. It would appear that intra-coronary injection of a bolus dose of LTD4, as low as 10ng, produces a coronary artery spasm which can cause a reduction in coronary flow of up to 90%. Unlike other vasoconstrictors, such as angiotensin, this arterial spasm is sustained, lasting for more than 30 minutes and is not followed by a hyperaemic response. In addition, there have been other pathophysiological changes which appear to be species dependent. For example, the administration of leukotrienes produces epicardial haemostasis in the dog but not the pig, whilst in the pig there is fibrin deposition which does not occur in the dog. These observations require further investigation, but do suggest a possible rôle of leukotrienes in the blood clotting processes.

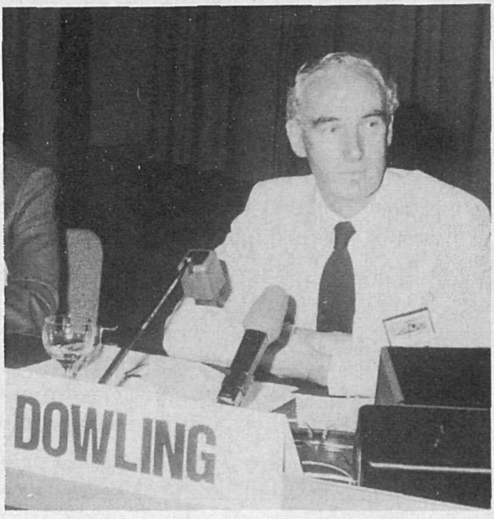
Recently, it has been demonstrated that the heart is able to biosynthesise and release leukotrienes. This suggests that they may play an important physiological rôle within the cardiovascular system, particularly with regard to the severe reactions which occur during cardiac hypersensitivity reactions. The recent report in a medical journal of coronary arterial spasm in a patient, during allergic response following a bee sting, is consistent with the actions of leukotrienes.

The potent biological actions of leukotrienes suggest that they play a pathological rôle in various conditions, which we believe may not be dependent on an acute allergic reaction. They might contribute to inflammation, to respiratory disease and to conditions involving vasoconstriction: e.g. angina, cardiac ischaemia and perhaps migraine. Increased knowledge about the leukotriene system will indicate new possibilities for the development of novel and more specific therapeutic agents; such drugs might be based on antagonism of end products, or inhibition of enzymes involved in their generation. Now that knowledge of the biological actions of leukotrienes is reaching firmer ground, one may speculate on the future importance of leukotrienes. It is worth drawing an analogy with the prostaglandins: at one time they were thought only to occur in seminal fluid; now they are known to occur in almost every type of cell and to affect cellular processes in a wide variety of ways. It is possible that the same will be found to be true for leukotrienes.

Guy's at the Front

by G. A. D. Haslewood

Perhaps from modesty, the *Gazette* seldom tells its readers much about the research that is done at Guy's which, in certain fields, continues to keep our Hospital's reputation for medical discovery as good as it ever was in the past. As some corrective, readers might like to know of the prominent part played by Guy's men and women at the International Liver Week in Basle from October 12th to 18th, 1982. Outstanding in this was our Professor Dowling, pictured here as a Chairman and principal speaker in the sessions devoted to bile acids. He was so invited by the German organisers for his outstanding work on the effect of bile acids (chenodeoxycholic acid and ursodeoxycholic acid) in dissolving radiolucent cholesterol gallstones *in vivo.* From the earliest days of the discovery of this effect, Dowling has used it critically and with clinical concern and is now (with D. C. Ruppin, G. M. Murphy and others), engaged in a study in depth of the recurrence of gallstones in patients who have responded to treatment. His work, as also his exposition of it, is characteristically incisive, scientifically enlightened and committed to an attempt to discover the facts without bias toward any particular regimen. Of course this is not his only interest in gastroenterology, but it is chiefly for this that he is now among the handful of internationally recognised authorities.



Professor Herman Dowling, photographed on the panel at Basle.

I. C. Forgacs (holder of a B.Sc. in biochemistry) was, with M. N. Maisey, G. M. Murphy and R. H. Dowling, the author of a poster on the effect of ursodeoxycholic acid treatment on gallbladder emptying and on plasma cholecystokinin. Other posters from the Gastroenterology Unit at Guy's included the names of Paola Loria, Susan Smith and M. F. Myszor, as well as those already mentioned, and concerned the binding of bile acids to plasma proteins and the origins of unconjugated bile acids in blood.

A chief speaker also was Guy's Tim Northfield, now at St. George's, who presented a clinically important study of diet and gallstone occurrence and, with others, showed posters on increased small intestine transit rate in gallstone patients, on the effect of cholecystokinin on bile acid kinetics and cholesterol saturation in human bile, on the cholesterol content of bile canalicular membranes, on the binding of bile acids to dietary protein and on other topics.

E. Elias, now at Queen Elizabeth Hospital, Birmingham, holder of a B.Sc. in physiology and an outstanding soccer player (as in his time at Guy's), showed a poster demonstrating the influence of molecular weight on biliary excretion of bile acid analogues: these could be drugs of the future for the medical treatment of gallstones. From the preclinical side, A. R. Tammar, Barbara Moreland, R. W. Evans and G. M. Murphy described a new technique for separating the constituents of human bile in a way that probably leaves most of these physically intact. Their method throws new light on the manner in which biliary cholesterol is held in solution and may lead to revision of accepted ideas about this.

Thus at this huge meeting, involving at least one thousand participants from many countries and dealing with subjects of great current medical interest, Guy's was very much to the fore: in these dark days for the Health Service this is cheering news.

The Hospitalization of Death

Reviewed by Andy Williams

The Hospitalisation of Death: should more people die at home? was the provocative title of the first London Medical Group symposium to be held at Guy's this year, which attracted an audience of over sixty people.

Our first speaker was Dr. "Paddy" Brown who was at one time editor of the *Guy's Gazette*. He spoke from his many years in general practice, stressing particularly the resources that were available within the health service that, if used, would facilitate the home care of terminal patients. Such items as commodes and bedpans, or oxygen masks could be obtained by the G.P. and either loaned or bought by the patient.

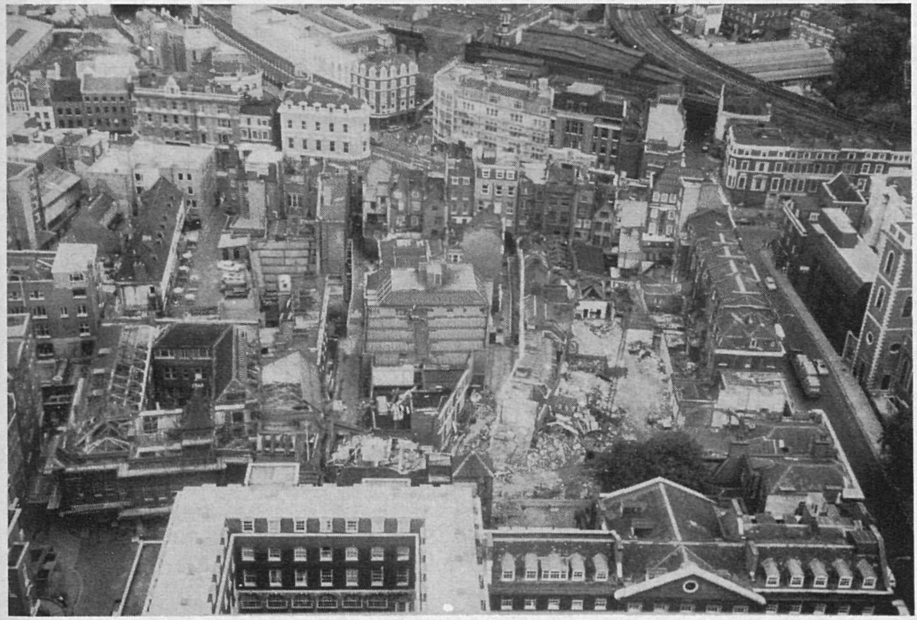
Dr. Nell O'Conor, Medical Officer at Trinity Hospice spoke next. Having mentioned the eventuality of death, she realised that, for terminal patients, they will probably prefer to stay at home, rather than be admitted to an "alien" hospital ward. This, of course, depends on the spouse's or relatives' ability to be able to care for the patient. If they know that the patient has only days, rather than weeks and months, before death, then they are more likely to look after the patient at home. Dr. O'Conor also mentioned that some relatives feel unable to cope with the stress of a patient at home, especially during the night, and suggested that the local hospice or Marie Curie Foundation may be able to provide a night nurse, and thus enable the patient to remain at home.

Our last speaker was Dr. Avril Barking, a medical sociologist, who has just compiled statistics relating to numbers of deaths occurring in home and hospital. There is an increasingly higher percentage of deaths occurring in hospital. This reflects families being unable to (or choosing not to) look after terminal patients at home. She indicated that results of her questionnaire to G.P.s suggested that 3/5ths were reluctant to become more involved in the care of terminal patients, and so the resources Dr. Brown had mentioned were not being utilised maximally.

Professor Cameron, who chaired the meeting, suggested that a number of patients have to die in hospital – such as acute medical. The lecture was thought-provoking in an often neglected area of medical care.

The Changing Face of Guy's

Photographed by A. D. Robinson



Pupils' Physical Society

A meeting of the Society was held on 16th November in the Gordon Museum. The theme of the meeting was atherosclerosis and both the presentations were the result of work undertaken during B.Sc. courses.

Adrian Treloar, who did a B.Sc. in biochemistry two years ago, gave a review of the controversial role of cholesterol and its oxidation products in the aetiology of atherosclerosis.

"Cholesterol has long been known to be easily oxidizable in air and has been shown to form up to twenty-three different products during long term exposure to air. Oxidation has been shown to be delayed in the presence of bovine serum albumin and speeded by heavy metal catalysts and heating. Initial studies on the angiotoxicity of 'oxysterols' were done by feeding rabbits with concentrated oxysterols or purified cholesterol. Within twenty-four hours rabbits fed oxysterols showed aortic intimal cell death and within two weeks the changes of atherosclerosis were seen. Controls fed purified cholesterol showed no changes. Studies on the particular toxic sterols in tissue culture showed 25-hydroxycholesterol, 7-hydroxycholesterol and cholestane 3ß, 5d, 6ß triol to be particularly toxic. It was, therefore, suggested that the oxidized products of cholesterol and not cholesterol itself, are causative factors in atherosclerosis and, therefore, our dietary aims should be revised. Dietary oxidized cholesterols should be reduced rather than total cholesterol, and foods should be kept cool and unexposed to air, with as little heating in preparation as is commensurate with hygiene. Fresh, relatively unheated dairy products may be less harmful than was previously thought, while solid dried goods, such as dried milk, which have high exposure to air, may be positively harmful. Chain reaction breaking antioxidants such as vitamin E or glutathione may be useful. In a recent experiment it was shown that oxysterols aided the resorption of intraperitoneal cholesterol pellets in rats, implying that oxysterols may protect against atherosclerosis."

The ensuing discussion centred on the validity of the cited experiments and it was concluded that more research is needed to eradicate the existing confusion in this important field.

Richard Cowen did a B.Sc. in pathology last year and he presented the results of experiments which he performed concerned with the effects of smoking on the immune response.

"Precipitating antibodies to a tobacco extract have been found in 44% of smokers' sera (non smokers 4%) and this percentage is increased in those with coronary artery disease. An antigenic glycoprotein has been isolated from tobacco and tobacco smoke which could lead to disease via a number of immunological mechanisms. My own study showed that smoking induces tolerance in some way to the tobacco antigen as smokers have less IgG tobacco antibodies. In smokers (10–19 cigarettes/day), IgG, IgA and IgM are approximately 10% lower and this may contribute towards the increased evidence of respiratory infections in smokers. There is also some evidence of decreased cellular immunity in smokers, thus tumours may develop as a result of inefficient immunological surveillance."

In answering questions, Richard outlined the importance of investigating new leads in the search for the aetiological factors in atherosclerosis.

Ruth Ayling.

The Bore Report

Continuing, after an enforced absence, the informal, bigoted and progressively less coherent remarks of our resident alcoholic, Eugene Bore. All information gratefully received. Any resemblance to any person living or, preferably, dead is accidental, and in many cases deplorable.

The Editors show me my Friday proofs and – oh dear, oh dear! – *Clubs' Union News*. How splenetic of Lawrence! A *wealth* of misinformed comment, concerning a *lot* of things I knew nothing about! All this for just one error of fact – which was only alluded to – and which came independently from both a source on the Bar Committee and a source on the Council he refers to . . . Wrong I regret (and my apology to Sarah is included elsewhere in this column), but not for want of authenticated sources. But what of this ill-considered, exaggerated and mis-informed attack? Surely, if two sources so close to the Central Politburo were unaware of what has been going on, can any normal, inferior type Clubs' Union member be expected to know? There would be less misinformation if there were more information: but the present Council serves to seek to cloak its affairs in uttermost secrecy. Where now are the *Clubs' Union Newsletters*? What the contents of *Clubs' Union News*, other than occasional notice of future entertainments and nauseating mutual congratulation, if they should prove successful? There is certainly very little of importance about how the Union is representing us within and outside the Hospital. The students on Clubs' Union Council are elected representatives and, as such, have responsibilities to those that elected them. If they fail to communicate to their electors, *then they fail at their job. For example of* this – and of my restraint last month, when I could have probed far deeper into the obviously tender underside of our President – many rumours have been circulating in recent months concerning losses in the Bar, and even the use of special observers to keep an eye on the bar staff – the truth of which was not known even by the persons most intimately concerned with its running. These – and other – sinister rumours should have been acted on earlier by a competent President who was in touch with his "constituents". The advent of year representatives seems not to have made the deliberations of the Council clearer to the ordinary members of the Clubs' Union, but merely seems to have added confusion to the Council itself – a process which the loss of two Union General Meetings undoubtedly helps. Besides, why this major *reaction over such a minor point?* Has he something more to hide? I think we should be told.

Smoked salmon sandwiches, excellent *vino*, eminent company, edifying conversation – surely the *Gazette* Christmas party hasn't already happened? But no: just a reception after the meeting at St. Thomas's of the Academic Board of the United Medical Schools. Perhaps that is why they cannot afford commemorative editions of the *Gazette*, or physics lecturers. Still, an undeniable improvement on the tea and biscuits at the Guy's fixtures.

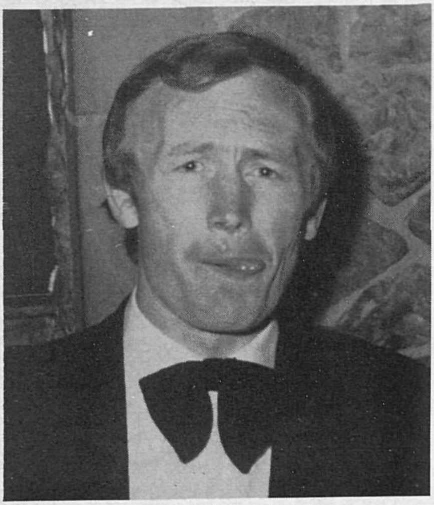
Incidentally, my two informants tell me that at the joint meetings so far – even the away fixture – Guy's men have just outnumbered those from 'Thommies'. Perhaps a snap vote should be held to end this equality nonsense and take their place over.

I am sure that Pat has, over the years, found many objectionable things on the bar floor on the mornings after. I am sure, however, that he can never before have been confronted with the sight of £100 strewn behind the bar. We are lucky he is so loyal – but could the men on keys be a little bit more careful in locking up?

I see a character called Grisley Pilchard has made an appearance in the floor 24 traps. Who could this represent?

In flagrante

Following the success of last month's foray into photojournalism, I have decided to institute a series of pictures of well known figures in this great institution, caught in attitudes less serious than is their usual wont. (A reward – and three month's exclusion from this column – is offered for photographs to continue this series.) Take it away, Terry. . . .



Overheard on the 22nd Floor "There was I with all my Paedo files lying around the room." Or was that the correct spelling, Eileen?

The Spirochaetes, geriatric stick flailers though they be, are obviously handling themselves well, giving the Freshers an introductory beating. As there were only two Freshers, this may not be that surprising. . . . Incidentally, I understand that the Spiros goalkeeper has finally got his goal average below six: it is a great triumph over adversity that a man of his stature should succeed in letting in any goals at all. I wonder if he saw the recent Sunday film, or was the sight of Ahab and all those harpoons too unsettling?

The Don (seen opposite) is more inscrutable than ever, I am told. He believes he has delayed the release of the Bar figures for long enough to escape release in this issue. He is wrong, but I understand the Editors were so horrified at the figures (and their continuation into October) that they felt publication would be invidious. Isn't it a shame that some people are so boring?

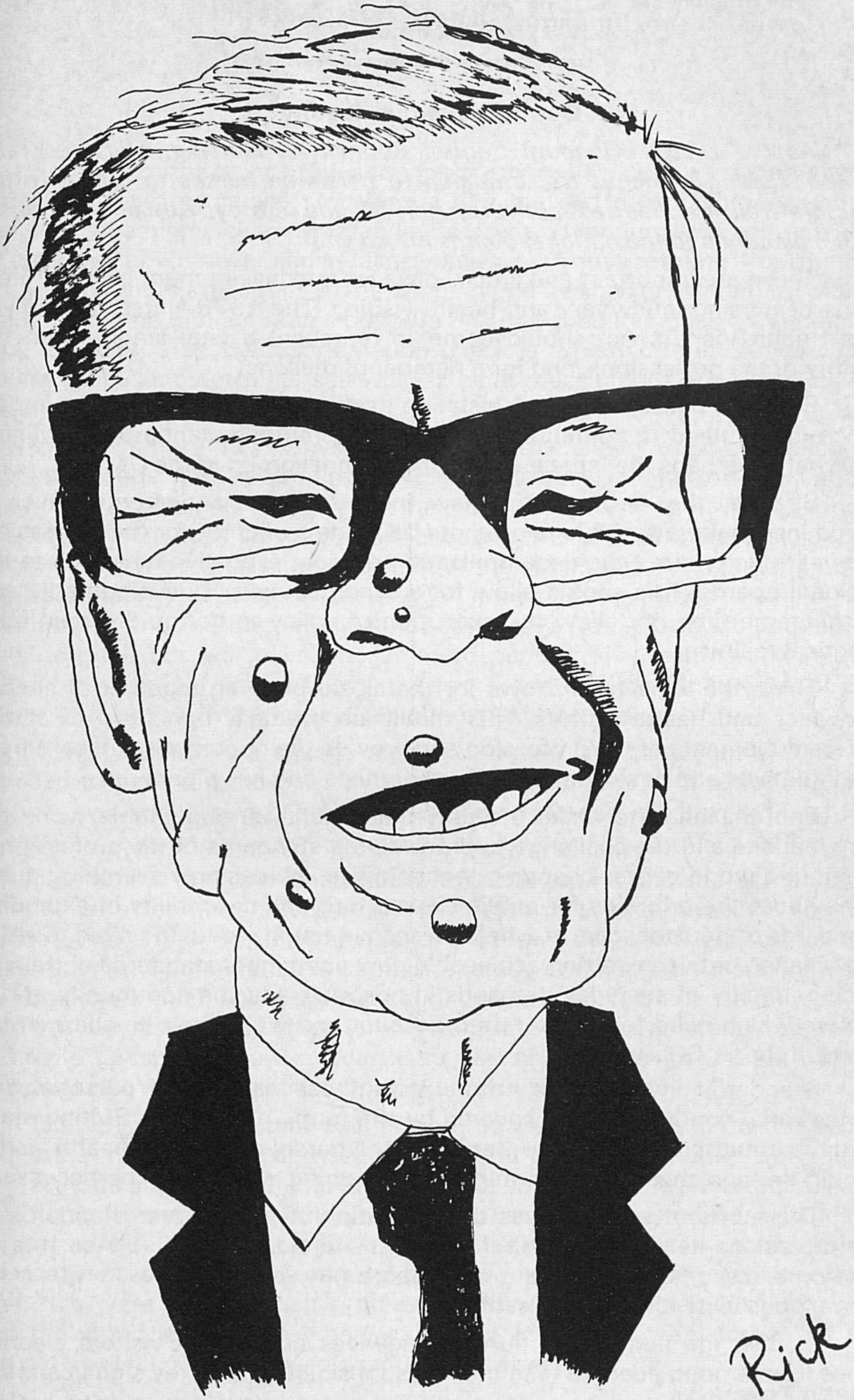
With all this talk of moles in high places, I think that the occasional journeying of our consultants should be subject to positive vetting. Several have penetrated the bamboo curtain; visits to Russia are not unknown. But Libya? Does he know the local penalties for bran pushing?

Moles are very strange creatures, and not altogether reliable. Two separate sources, one on the Union Council, one on the Bar Committee, independently misinformed me as to the rôle of Sarah Wollaston and the ending of Inflam extensions, which was delicately alluded to last month. I am now satisfied that the veiled accusation had no substantive basis in fact, and apologise for any embarrassment that it may have caused – although a churl might suggest that she fought harder against the externally imposed ban after publication last month. Fortunately, I am not a churl.

Listening to Richard Smith of the B.M.J. discussing the medical acumen of A Doctor in *Private Eye,* I fell into musing as to the identity of the eminence grise behind the *Gazette.* The Eye, as all know, is controlled by Lord Gnome – who is in this position *vis-a-vis* the *Gazette*? Me? Alas, no. The Editors? Surely not: it would be most inconvenient to share. . . The back page states that it is published by a shady and mysterious body under the (probably assumed) name of the Committee of Guy's Hospital Gazette. The Chairman is . . . Aha! So this is Dr. Scott's organ. Shouldn't this be more widely disseminated?

Has the place gone sex mad? On Monday 22nd the Dental Society had a talk on *"Some consequences of sexual freedom",* and the previous Thursday the LMG had a symposium on *"Sex and Sex ability".* The latter, I notice, was chaired by our own Bob Knight: the usual reward is offered for any information as to his sordid revelations (or boasts)!

Eugene Bore


Rick

Nursing

Determining our destiny

As the United Kingdom Central Council for Nursing, Midwifery and Health Visiting launches its campaign to persuade nurses to opt in to the electoral roll, its chief executive officer, Maude Storey, explains why next year's elections to the national boards are so vital

These are important and crucial days for the development of the professions of nursing, midwifery and health visiting. The 1979 Nurses, Midwives and Health Visitors Act should come to represent a vital landmark in the history of the professions, and for a number of reasons.

First, the passage of the legislation itself was recognition of the importance of the need to continue to develop and improve standards of training for what is perhaps the largest single professional group in the UK.

Second, the Act and the new institutional arrangements which it introduces make it possible to promote UK-wide standards for the profession, but yet which permit the decentralisation of most executive functions to the national boards. This should allow for a synoptic view of developments and at the same time not allow the execution of policy to be too divorced from practical realities.

Third, the legislation allows for the closer bringing together of nurses, midwives and health visitors. This should be mutually beneficial to all the different elements of the profession and provide the opportunity to learn from the initiatives and developments which perhaps one has pioneered.

The challenge to make the new institutional arrangements work is a very real one and the challenge to promote the standards of the profession is great. In a world of fast-changing technologies, increasingly searching questions about the priorities for public expenditure, the desirability of extending standards of personal care in what can seem a harsh world, the need to strike the balance between setting achievable new and higher standards of training and the reality of everyday demands in hospitals and the community are all factors which need to be taken into account and which help to sharpen the focus of the UKCC's work.

Standards involve much more than those aspects of personal and professional conduct usually covered by the term "discipline". Setting standards is a matter of deciding what, in fact, a nurse, midwife or health visitor should be, and therefore determining the training which may be necessary.

The fact that society gives the regulation of professional standards to the profession itself is the central kernal enshrined in the 1979 Act. It is an awesome responsibility and a great opportunity for the profession to seize the responsibility for its own destiny.

In this, the concept of nurses, midwives and health visitors electing those from among peers to fulfil these responsibilities is of key significance.

(Reprinted by kind permission of the Editor of the Nursing Mirror.)

Physiotherapy

Rotation of the basic grades to a physiotherapist is what rotation of the crops was to a mediaeval strip-farmer – a method of refreshment and a guarantee of a high yield performance. So says he who turns the spit or spins the carousel, or whatever simile takes your fancy. Those rotating – or rotated – may feel it more analogous to the whirling of dervishes or the turning of the victim in a game of blind man's buff, the one designed to induce a trance-like state, the other a spatial disorientation. Yet it is expected of us. Any newly-qualified applicant worth her salt will ask what the rotations are, when she is invited to ask questions at interview.

Well, what are they? Physiotherapists rightly expect to go on adding to their knowledge and developing their skills as they embark on their post-registration career and they expect their Superintendent to have a planned scheme, whereby they can gain experience in some or all of the areas of work available in that hospital or group. Most of the appointments to junior grades in physiotherapy, at least in the bigger hospitals, are group ones, if not district ones, and the therapist will not only move from job to job within her main hospital, but will have one or more periods of attachment to those associated with it. Thus, at Guy's, a basic grade can expect to work at St. Olaves' and at New Cross, as well as in the main hospital.

How frequently the change should be made is a matter for argument. We used to have a three-monthly change for most jobs with some of them involving two successive periods and extending over six months, but we now operate on a four-monthly unit, changing in January, May and September.

The trouble is – how do you reconcile the aspirations and demands of the staff with the imperatives of the provision of service? Having recently presided over a re-allocation of posts for the New Year, one is very conscious of the realities. Some branches of physiotherapy are much more sought after than others – in fact, some are not sought after at all. It is not too difficult to work out a system of priorities for selecting the appropriate candidate for a "desirable" post, but how on earth do you choose the incumbent of the unpopular slot without making it look like a punishment?

That aside, the system seems good – we must look upon the basic grade as a training grade and see to it that, at the end of a couple of years, we are producing physiotherapists who, are, so to speak, well rounded. And must it stop there? Why should not the more senior grades rotate, or at least perform a stately pirouette? The more experienced Senior I grades have, essentially, opted for their speciality, but it would be stultifying if the *parvenu* Senior II's were to view their professional career with a lack of dynamism. Stop the world and get off when you know where you want to be, but till then, let's twist again, like we did last . . . Christmas?

Ronald Cooper

Book Reviews

"Colour Atlas of Physiology", by H. Despopoulos and Stefan Silbernagel. 1st Edition. Pp. 328. Price £7.50. Cover: Soft. Published by Year Book Medical Publishers.

This small book is an unusual approach to teaching physiology in that when open, the left hand page contains text while on the right side, diagrams. The wording makes frequent reference to the drawings and because of this and because the text is condensed, being economical in words as well as print size, it is not a book for rapid reading. For a book this size – it will easily fit in a pocket or handbag – it contains an astonishing amount of information, and would adequately complement the material facts given to medical and dental students at lectures.

The, by necessity, turgid text is balanced by diagrams whose design, planning and colour are of a very high order, though there is a tendency for some of the drawings to be overloaded with detail.

This is not a book for the beginner, but it is good for careful revision, and for those who benefit from visual aids this colour atlas of physiology will be of great help.

I. MACDONALD,
Professor,
Physiology

"Killey's Fractures of the Middle Third of the Facial Skeleton", by Peter Banks. 4th Edition. Pp. 96. Price £4.50. Cover: Soft. Published by Wright P.S.G.

The fourth edition of this well-known book has, fortunately, departed little from the original succinct and authorative account of fractures of the middle third of the facial skeleton written by the late Profesor Killey. It is published in cloth-covered, soft-back form by John Wright & Sons in the series of Dental Practitioner Handbooks. Although the typeset is slightly smaller than in previous editions, there are several more pages. This is because some of the original text has been revised and in some instances expanded to take account of current views of treatment. There are several new illustrations and very clear line diagrams.

The number of chapters has been decreased in order to produce a more logical sequence, but the original order of surgical anatomy, classification, general management, clinical findings followed by outline of definitive treatment is still maintained.

The chapter on general management now includes radiographic examination and consideration of cerebro-spinal fluid rhinorrhoea. The problem of airway obstruction, indications for tracheostomy and general medical condition of the patient have been emphasised.

The excellent chapter on clinical findings is slightly enlarged but the reader will find the same useful summary of signs and symptoms of the various types of fracture as in previous editions.

The largest chapter in the book is devoted to definitive treatment of fractures of the middle third of the facial skeleton and various aspects have been rewritten. Modern systems of precise fixation using attachments to the cranium are much utilized today in orthognathic surgery and are replacing the older methods such as the plaster of Paris headcap. The whole subject has been clarified and the classification of current methods of immobilisation updated. The swing of the pendulum towards the increasing frequency of operative repair of orbital floor fractures has been checked and useful indications for surgical intervention are proposed.

The revisions in the text have been made in the light of modern experience in treatment and the bibliography and index have accordingly been expanded.

Professor Killey's original objective in producing this book was to aid postgraduate students seeking higher qualifications in dental surgery. However, it is acknowledged to be invaluable for the dental surgeon working in hospital who may be confronted with such injuries and at a cost of only £4.50 is also well within the pocket of every dental student who wishes to be knowledgeable in this subject.

P. M. O'DRISCOLL,
Consultant,
Oral and Maxillo-facial Surgery

"An Introduction to Primary Medical Care", by D. C. Morrell. 2nd Edition. Pp. 130. Price £3.25. Cover: Soft. Published by Churchill Livingstone.

I liked the first edition of this book and find this newest version even more acceptable. In effect it paints a picture of the work of a general practitioner and how he approaches it. It is full of sensible and useful insights interwoven with brief, pointed case-histories instantly recognisable to all practising general practitioners and, therefore, carrying the weight of genuine experience and authority. Written by an experienced teacher of general practice, it is helpful to all those who are engaging in the process of change that all hospital doctors must undergo if they want to enjoy general practice, understand it, and do it well.

M. HIGGINS,
Professor
General Practice

Correspondence

Those Were The Days!

Dear Sirs,

I enclose the following which is a cutting from a newspaper from New Zealand, which a friend of mine happened to see in the early part of the year; she cut it out and sent it to me as she knew how much it would interest me as I was at Guy's a long time and was a Sister – I hope it might be of interest to you:

Conflict Leads to Death

SEPT 30, 1880.

It appears that the conflict of authority between ladies and gentlemen in the management of public institutions sometimes leads to curious results, of which there have been locally more than one illustration.

But matters never reached such a pass as they seem to have done at Guy's Hospital, London.

Lately, a new set of nurses have gained admittance there – many of them ladies from what are known as "sisterhoods" – in spite of the opposition of the medical staff.

It is alleged that they have endeavoured to usurp the authority of the medical men, giving orders and dispensing authority on their own ideas.

An enquiry into the death of a married woman, who died in consequence of a cold bath administered to her by Nurse Ingle, without any authority from the medical officer, brought matters to a crisis.

The result was that the nurse was arrested, put upon her trial for manslaughter, at the Central Criminal Court, and sentenced to three months' imprisonment without hard labour.

Yours sincerely,
DOROTHY WILSON.

Little Croft,
26 Greenhill Road,
Farnham,
Surrey.

International Rugby Festival

Dear Sirs,

May I use the *Gazette* to publicly congratulate the rugby club in the form of the two Stephens – Challacombe and Kennedy, for the rugby afternoon in aid of the Stephen Duckworth Fund on 10th October. Plan the work involved in organising such an event and multiply by fifty and you reach a realistic appraisal, as illustrated by the fact that I gather approximately seven hundred phone calls were eventually made to raise the two international teams alone. As somebody not involved, may I say that the afternoon was the splendid success appropriate for such a worthy cause.

Yours faithfully,
ALASTAIR COOK.

65 Coleraine Road,
Blackheath, SE3

Sport

A recent light-hearted departure from the serious sports has been the entertaining "belly butting". The idea, for the uninitiated, is to brandish one's belly and knock flat one's opponent. A long run-up is quite permissible. The arena, of course, is the bar.

Champion, at going to press, is M. Scriven, a relatively short contestant but owning a vast belly disguised beneath his traditional denim drinking-shirt. He has vanquished both D. Webber and – mighty feat! – our illustrious editor and former Champion M. Powlson, himself no slim man.

So far, no rules have been drawn up, nor even required. However, the I.O.C. ought to be informed of events and oversee from the slips, ready to lend an authoritative hand should things get out of control.

Further opponents are welcome. Names that spring to mind include that of K. Underwood, presently sporting (and only just carrying!) an enormous belly quite out of proportion to his stature.

Mark Batterbury

BLUES COMMITTEE

At the recent meeting of the Blues Committee, the following awards were made:–

Athletics Club
Half Blues: R. Atun, M. Martin.

Cricket Club
Full Blues: P. Jolliffe, C. King,
I. Leonard, J. North.
Half Blues: S. Gregson.

Golf Club
Full Blue: N. Page.
Half Blues: D. Barker, M. Escudier,
P. Gibb.

Men's Squash Club
Half Blues: J. Dixon, P. Saunders,
R. Taylor, D. Taylor.

Rugby Football Club
Full Blues: M. Hackett, N. Poole,
P. Reynolds, E. Rose.
Half Blues: R. Docker, J. Hamilton,
A. Jones, N. Slater.

RUGBY FOOTBALL
1st XV

Old Whitgiftians 36, Guy's 11

Inspired by the Maoris' boxing tour of Britain's own ethnic homeland and by the arrival of the shirts – Girling's directions notwithstanding – Guy's shook off that Sunday afternoon feeling, to compete well in an even first half on an uneven pitch.

Slick interpassing by the Guy's backs resulted in tries for Hackett and Reynolds. The latter was set up by a powerful run from his own 22 by Docker, blond locks streaming like an undernourished Jean-Pierre Rives. A penalty from Hackett kept Guy's in touch at half time, but superior fitness and the skill of their Guy's expatriot full-back (Sawyer) enabled Whitgift to put the result beyond doubt in the second half.

Ipswich 17, Guy's 10

Cunningly lulling Ipswich into a false sense of security by arriving 15 minutes before kick-off (they being unaware that we consider this early), Guy's surprised a large Ipswich pack by challenging them physically right from the start. Raynes and Roberts jumped well in the line-outs, King and O'Connell were powerful in loose play and Chew tackled well. In the set scrums, despite Ipswich's considerable weight advantage and Hogan's flying lessons, Rose's hooking won us a surprising share of the ball.

The poor quality of our possession prevented the backs from showing their usual running skills, but strong tackling prevented Ipswich from converting much of their superior possession into points.

A clever chip through from Slater and a tumble by the Ipswich full-back enabled Taylor, luckily not having to catch or pass, to fall over the line onto the ball, accidentally ruining his previously tryless record at Guy's.

Ipswich led narrowly at half-time, but a line-out on their line rewarded Raynes for his strong play with a try which Hackett converted.

Sadly, despite strong pressure from Guy's, a penalty and a goal took the game for Ipswich.

Osterley Park 7, Guy's 33

For once the Guy's team decided all to play well at the same time and Osterley must have wondered what hit them.

The Guy's forwards dominated in both set and line until, oddly, towards the end of the game, they allowed Osterley to shove them all over the field. Perhaps we felt sorry for Osterley!?

Good ball enabled Piola to show his attacking skills, linking well with Slater. Attacking the corner Guy's slipped the ball back inside to Slater who dummied through the defence to score.

Powerful running on the scissors left Bryant with the difficult decision as to whether Taylor, backing up, would be able to catch the ball. Fortunately, a good pass enabled Taylor to score.

Jones, whose presence in both attack and defence has been invaluable this season, ran contemptuously through the Osterley midfield to score under the posts. With Hackett not missing a kick all afternoon, Guy's confidence became over-confidence, allowing Osterley a try and a penalty.

Poole's comment on the forwards decision in the second half took Taylor by surprise when, after a loosely tapped ball on the Osterley 22 had enabled him to cut through several Osterley men to score a second try, running back he met Poole's angry gaze and the words *"That was f***ing awful"*.

P. Glans

ASSOCIATION FOOTBALL

U.H. Cup

Guy's 1st XI 0, St. George's 1

Unfortunately, there was little joy in this performance. Missing newboy Colin Hawkes and turncoat Anu (Lecher) Biswas, both on loan to hard-up ULU 1st XI, our midfield looked sadly depleted, despite the enthusiastic endeavours of their replacements.

St. George's are not a good side, but on the day were better. The scoreline reflects the general pattern of play: our hard-pressed defence kept the opposition forwards at bay, but the midfield was unable to gain control and failed to distribute the ball to our own forwards, who thus had a sparse day.

We shall concentrate on the League.

M.B.

Guy's 2nd XI

Since your correspondent last wrote the 2nd XI have been involved in two cups ("36C") and a number of league matches.

At home to QMC IV, after being 2–0 up at half-time (goals scored by Tim Harris and Wrecker), we found ourselves 2–3 down, mostly due to captain t'Spu's cracking back pass straight from (our) kick-off resulting in an own goal. Close to the end Robin Russell had a sudden rush of blood to his ears and equalised: 3–3.

The return, away at QMC, saw us with only ten men. We lost 1–6 despite much unnecessary shouting by a loud-mouthed thug at right-back.

Goldsmiths III bottled out of the next game giving us two valuable points.

In the U.L.U. Cup we knocked in 2 goals versus the mighty U.C. II. This was a match of little note, except for a fine goal by Tim, running half the length of the pitch, the ball preceding him out of control, and another own goal by, guess who? Oh yes, U.C. got 12.

Then on the 3rd of November was the big one, the U.H. Cup 1st round against Middlesex II. After absorbing early pressure Guy's opened the scoring via the head of Paul "No Jugs" Taylor from a fine cross by the Thug. Following this we swept into an 8–0 lead, splitting Middx. through the middle with endless thrusting attacks. Tim and t'Spu netted twice each and Paul Taylor got 4. After this performance the captain was forced to axe Taylor because of his apparent inability to locate the bar as well as he did the back of the net. Middx. pulled one back through a penalty, given despite the Welsh Fool's somewhat vociferous forensic evidence that the offending tackle was outside the area.

Since this triumph I.C. V have narrowly beaten us twice. We lost 2–4 away, Ian St.

Littlejohn scoring a fine 20 yarder (shame he can't score with his head), and 1–2 at H.O.P. We were very unlucky in this game, hitting the woodwork on numerous occasions and going down to a very unfortunate winner when Tim Illidge, having an excellent game as stand-in 'keeper, spotted a shot going wide and skillfully leapt across the goal to intercept it and place it in the net.

Despite a 0–6 reversal against Bedford II the team is now in top spirits ready for a major assault on the U.H. Cup in the second half of the season, with an associated improvement in league form.

Dick F. B. Fairweather

RVC 3, Guy's 4

An eager Guy's XI, composed largely of Freshers, trekked out to Potters Bar for a friendly match against the Vets. The first half saw us well in control, but unable to hit the back of the net. Colin Hawkes won the ball frequently in midfield and distributed it intelligently. Paul Taylor ran enthusiastically, ably supporting BJ on the right.

Against the run of play, RVC scored soon after the half-time break. We countered with a goal from Tim Harris that just about trickled over the line, but the Vets again took the lead soon afterwards. Guy's pushed forwards all the more, and were rewarded with a well-taken goal from Tim and two début goals from Colin, the first hammered in acutely at the near post, the second well-struck into the top, far corner from outside the box.

At centre-forward, Nav Masani looked skilful, but took a while to become accustomed to the surrounding players. In goal, Hamid's handling was excellent, but he lacked an understanding with his defenders. The two full-backs, Ian Littlejohn and Mark Allington, marked well and later on contributed more to attack, as well as at the centre of defence. Tim Illidge, at first hesitant, rapidly gained confidence and made some good tackles towards the end.

A thoroughly encouraging performance.

Team: H. Ghahourzadeh, I. Littlejohn, T. Illidge, I. Leonard, M. Allington, P. Taylor, M. Batterbury, C. Hawkes, B. Jenkins, N. Masani, T. Harris.

M.B.

BADMINTON CLUB

Results

Men's: Guy's 3, R.M.C. 5; Guy's 4, Q.M.C. 5 (we conceded 4 games due to court unavailability).

Ladies': Guy's 3, U.C. 5; Guy's 2, Q.E.C. 5 (4 Guy's players turned up).

Mixed: Guy's 9, Q.M.C. 0; Guy's 4, L.S.E. 5 (conceded at 4–4 due to court unavailability).

Although we have lost 5 of 6 games, we take comfort from the fact that the margins of defeat were very narrow and those we conceded quite a number of matches due to booking clashes in the Pavy Gym. The Badminton Club now uses the Elephant and Castle Sports Centre for club nights on Tuesdays, from 5.30 to 7.30 p.m.

This year's 1st years have provided us with a number of very enthusiastic and promising players, a few with county experience. It is unfortunate that we have had too little practice together so far. As defending champions of the K.O. Cup (over the mighty Imperial College gaggle of county players), we hope to get the support of the very good players in Guy's who through other badminton commitments do not practice with us. It is surprising to know that we have a huge wealth of talent in our midst but understandably academic and other commitments do sometimes prevent us from unleashing our full strength in matches.

GOLF CLUB

This year has been very successful with a total of eight matches played and eight matches won. A record to be proud of! The Staff Match at Huntercombe Golf Club was halved this year, despite torrential rain conditions and the Guy's team were just beaten into third place in the Hospitals' Cup.

A new venue, played at our home base, was against the Price-Waterhouse team. This proved to be highly entertaining, with the last match finishing as dusk fell. Despite the P.W. team having a notable number of single handicappers, the Guy's team managed to scrape (?) a 5_–2_ match victory. This was followed by a mad night drive to a pub in Catford where both teams chatted over what their scores should have been had the various fairway hazards not got in the way!

Sixteen different members of the Golf

Club contributed to this year's golf team: newcomers who played regularly were Mike Escudier, Guy Thorpe-Beeston, Peter Cliffe, Peter Twomey and Bob Taylor. The Golf Club would like to extend a thank-you to Nick Page who helped arrange matches, and who played consistently well, and to Paul Gibb, our Captain.

At this year's Golf Club A.G.M. a brief review of the year's events was given by Nick Page. Mike Escudier was voted in as the new Captain for 1982–83, and Peter Cliffe as the new Secretary and Treasurer for 1982–83.

Two final points to finish on: The Kenneth MacLean Scratch Cup will be held at Sundridge Park Golf Club on 11th May 1983. The competition is open to all Guy's students, medical and dental staff and Guy's graduates. If interested, please contact Peter Cliffe via Boland House Golf Club pigeon hole. Golf Club ties are also now available from Peter Cliffe at £3.00 each.

Peter Cliffe

Hospital Information

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PASS LIST

UNIVERSITY OF LONDON

Ph.D. – Medicine
Ms B. J. Thomas (Nutrition)
Ph.D. – Science
Ms A. Mehlert (Biochemistry)

GUY'S SCHOOL FOR DENTAL SURGERY ASSISTANTS CERTIFICATE OF PROFICIENCY AWARDS 1982

Miss Elizabeth Ashton
Miss Joanne Baldwin
Miss Caroline Battye
Miss Eleanor Bridgen*
Miss Alison Haton*
Miss Francis Howard
Miss Clare Ison*
Miss Jacqueline James*
Miss Jacqueline Jarvis
Miss Caron Jines
Miss Melanie Karbaron
Miss Fiona Kincaid
Miss Sarah McElroy
Miss Gillian Parker
Miss Mandy Rokenson
Miss Suzanne Rose*
Miss Bridget Stroud*
Miss Ann Wade
Miss Jayne Whitaker
Miss Korea Sau Ying Yung

*with Distinction

De Trey Project Prize
Miss Mandy Rokenson

Senior Qualified DSAs choice of The Best All Rounder
Miss Elizabeth Ashton

Ash Gold Award for 1982
Miss Bridget Stroud

DENTAL HOUSE SURGEON APPOINTMENTS

The following recommendations have been made to the Clinical Superintendent for appointment of Dental House Surgeons for the period 1st August 1982 to 31st January 1983.

General Duties and Mr. Bret Day (Resident)	Miss H. M. Giel
General Duties and Mr. Gibb (Resident)	R. D. L. Thomas
General Duties and Mr. O'Driscoll (Resident)	Miss K. E. Harley
General Duties and Mr. Haskell	M. J. Gealer
General Duties and Periodontology and Preventive Dentistry	Miss A. M. Poynter
General Duties and Oral Immunology and Microbiology	Miss P. A. Stephenson
Orthodontics and Dentistry for Children	Miss B. M. O'Connell C. N. T. Mitchell
Conservative Dental Surgery	Miss K. K. Wee
Prosthetic Dentistry	D. R. Radford G. Habberfield-Bateman
General Duties and Conservative Dental Surgery and Oral Surgery	Miss A. M.Sedgwick J. D. E. Silcock S. C. Burrows
General Duties and Oral Medicine and Pathology	Miss M. G. J. David

BIRTH

LARVIN—On 31st August, 1982 at Guy's Hospital, to Keyna, wife of Michael, a beautiful daughter, Elizabeth.

FOX—To Judith and Jonathan, 11th November, 1982, a son, Benjamin James Edward.

FOR SALE

DIMPLEX energy controlled radiator. White, slim line, 35" x 23", 1kw thermostat controlled with pilot light and 6ft cable, new in 1981. Not used. £35. Ring 407 7600, extn 2023.